	5 Doc 1 Filed 03/05/18 Ente Document Page	ered 03/05/18 09:17:45 Desc Main e 1 of 63
Fill in this information to iden	ntify your case:	UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS
United States Bankruptcy Cour	t for the:	9449 7 7 7049
Northern District of Illinois		MAR 0 5 2018
Case number (# known):	Chapter you are filing und Chapter 7 Chapter 11 Chapter 12 Chapter 13	JEFFREY P. ALLSTEADT, CLERK INTAKE 3 Check if this is an
	G Chapter 13	amended filing
Official Form 101		
Voluntary Pet	ition for Individuals	Filing for Bankruptcy 12/15
same person must be Debtor 1 Be as complete and accurate as information. If more space is ne (if known). Answer every questi	in them. In John cases, one of the spouses must in all of the forms. It is possible. If two married people are filing toge seded, attach a separate sheet to this form. On	ded about the spouses separately, the form uses <i>Debtor 1</i> and treport information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The other, both are equally responsible for supplying correct the top of any additional pages, write your name and case number
Part 1: Identify Yourself		
4. Variatell manne	About Debtor 1: A November 14 A A A A A A A A A A A A A A A A A A	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is an vour		
Write the name that is on your government-issued picture	Reliy	N/A
	Kelly First name L	N/A First name
government-issued picture identification (for example,	First name L Middle name	
government-issued picture identification (for example, your driver's license or passport). Bring your picture	First name L Middle name Marshall	First name Middle name
government-issued picture identification (for example, your driver's license or passport).	First name L Middle name	First name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	First name L Middle name Marshall	First name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name L Middle name Marshall Last name	First name Middle name Last name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name	First name Last name Suffix (Sr., Jr., II, III)
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name N/A First name Middle name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name Middle name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Last name N/A First name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names.	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name N/A First name Middle name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name Middle name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name N/A First name Middle name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name Last name Last name Last name Last name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name N/A First name Last name Last name Last name Last name	First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name First name Middle name Middle name
government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security	First name L Middle name Marshall Last name Suffix (Sr., Jr., II, III) N/A First name Middle name Last name N/A First name Middle name Last name XXX - XX - 1 1 1 5	First name Last name First name Middle name Last name Last name Last name XXX - XX -

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 2 of 63

Debtor 1 Kelly L Marsh First Name Middle 1			Case number (# known)	
	About Debtor 1:	ganta kalipata katanga kangangan katanga sakakalan karanca kangan kalipata kalipata kalipata kalipata kalipata	About Debtor 2 (Spouse Only in a Joint	Case):
i. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any busines:	s names or EINs.	☐ I have not used any business names or	EINs.
the last 8 years	Business name		Business name	
Include trade names and doing business as names				
-	Business name		Business name	
	EIN -	Management and the second	EIN	
	EIN	Manifest Physics processes	EIN	
Where you live			If Debtor 2 lives at a different address:	
	3004 Nottingham Ave			
	Number Street		Number Street	
	Markham	IL 60428		····
	City	State ZIP Code	City State	ZIP Code
	cook			
	County		County	
	If your mailing address is differ above, fill it in here. Note that the any notices to you at this mailing	e court will send	If Debtor 2's mailing address is different yours, fill it in here. Note that the court will any notices to this mailing address.	from send
	same			
	Number Street		Number Street	
	P.O. Box		P.O. Box	-
	City	State ZIP Code	City State	ZIP Code
Why you are choosing	Check one:	er (M.A. 1975) MAN SEMAN, KEMBURA, AMBRICA MENGANIKAN AMBRICAN MENGANGKAN PENJABUKAN MENJAMBURA PENJABUKAN MEN	можения больного становления оченов объект неполительного становления объект положения оченов неполиция на положения объект неполиция на положения объект неполиция на положения объект неполиция на положения на по	kriteringia milatrapantik rezpensovi name
this district to file for bankruptcy	Over the last 180 days before I have lived in this district long other district.	filing this petition, er than in any	Over the last 180 days before filing this p I have lived in this district longer than in a other district.	etition, iny
	I have another reason. Explair (See 28 U.S.C. § 1408.)	1.	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
			***************************************	···-

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 3 of 63

C	Debtor 1 Kelly L Marsh First Name Middle N	all	Last Name			Case number (#	кпочт)		
F	Part 2: Tell the Court Abo	out Your		y Case					
7.	. The chapter of the Bankruptcy Code you	Check for Ban	one. (For a bi kruptcy (Forn	rief description of each, so m 2010)). Also, go to the t	ee Not op of p	ice Required by 1 page 1 and check t	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.		
	are choosing to file under	🗹 Cha	☑ Chapter 7						
		Cha	apter 11						
		☐ Cha	apter 12						
41.	and the state of the	☐ Cha	apter 13	inder trade or the design of the second section of the section of the second section of the section of the second section of the section of t	da etanla tantesia				
8.	How you will pay the fee	 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. 							
9.	Have you filed for	less pay	than 150% the fee in ir	of the official poverty I	ine th ose th	at applies to you iis option, you m	and may do so only if your income is ir family size and you are unable to just fill out the <i>Application to Have the</i> with your petition.		
	bankruptcy within the last 8 years?	Yes.	District		When		Case number		
			District			MM / DD / YYYY			
			District		When	MM / DD / YYYY	Case number		
			District		When	MM / DD / YYYY	Case number		
10.	Are any bankruptcy	☑ No							
	cases pending or being filed by a spouse who is		Debtor				Relationship to you		
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM / DD / YYYY	Case number, if known		
			Debtor	***************************************			Relationship to you		
							Case number, if known		
11.	Do you rent your residence?	□ No. ☑ Yes.	residence?	ndlord obtained an eviction			and do you want to stay in your		
			No. Go t	to line 12.					

this bankruptcy petition.

☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 4 of 63

Debtor 1 Kelly L Marsh First Name Middle Na		Last Name		Case n	umber (# known)
Report About Any	Busines	ses You Own as a S	Sole Proprie	tor		
2. Are you a sole proprietor of any full- or part-time		. Go to Part 4.				
business?	∟ Yes	s. Name and location of	business			
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name of business, if any				
LLC. If you have more than one		Number Street				
sole proprietorship, use a separate sheet and attach it						
to this petition.		City			State	ZIP Code
		Check the appropriate	box to describ	e your business:		
		Health Care Busine	ess (as defined	l in 11 U.S.C. § 10	01(27A))	
		☐ Single Asset Real I	Estate (as defi	ned in 11 U.S.C. §	§ 101(51B))	
		Stockbroker (as de	fined in 11 U.S	S.C. § 101(53A))		
		☐ Commodity Broker	(as defined in	11 U.S.C. § 101(6	6))	
		☐ None of the above				
Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see	any of the	cent balance sheet, state these documents do not a lam not filing under Ch	ement of opera exist, follow the apter 11.	ations, cash-flow s e procedure in 11	statement, a U.S.C. § 11	
11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
	☐ Yes.	s. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
art 4: Report if You Own o	r Have	Any Hazardous Prop	erty or Any	Property That	Needs In	nmediate Attention
Do you own or have any						
property that poses or is	No No					
alleged to pose a threat of imminent and identifiable hazard to public health or safety?	₩ Yes.	What is the hazard?	and the same and a same a same and a same a			
Or do you own any property that needs immediate attention?		If immediate attention i	is needed, why	is it needed?		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?						
		Where is the property?	Number	Street		
			City		7000.7.	State ZIP Code

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 5 of 63

Debtor 1

Kelly L Marshall

Case number (if known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l an	not	required	to	receive	a	briefing	about
		ounseling					

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

■ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to receive	a	briefing	about
cred	it co	unseling	because	of	:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 6 of 63

Deb	tor 1 Kelly L Marsh First Name Middle Nam	nall me Last Name	Case number (# kno	WIT)			
Pai	11 6: Answer These Que	stions for Reporting Purpose	98				
	What kind of debts do you have?	16a. Are your debts primari as "incurred by an individua	iy consumer debts? Consumer debt I primarily for a personal, family, or hous	rs are defined in 11 U.S.C. § 101(8) sehold purpose."			
you have:		No. Go to line 16b. Yes. Go to line 17.					
		16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
		□ No. Go to line 16c.□ Yes. Go to line 17.					
		16c. State the type of debts you	owe that are not consumer debts or bus	iness debts.			
	Are you filing under Chapter 7?	☐ No. I am not filing under Cha	apter 7. Go to line 18.				
8 8 8 8	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution o unsecured creditors?	Yes. I am filing under Chapter administrative expenses No Yes	r 7. Do you estimate that after any exem are paid that funds will be available to c	pt property is excluded and listribute to unsecured creditors?			
У	dow many creditors do rou estimate that you owe?	✓ 1-49☐ 50-99☐ 100-199☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000			
6	How much do you estimate your assets to be worth?	☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
е	low much do you stimate your liabilities o be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
Part	7A Sign Below						
For	you	I have examined this petition, and correct.	I declare under penalty of perjury that the	ne information provided is true and			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I this document, I have obtained an	did not pay or agree to pay someone w d read the notice required by 11 U.S.C.	ho is not an attorney to help me fill out § 342(b).			
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
		* Telly Mar	whall * N/A				
		Signature of Debtor 1	Signature of	of Debtor 2			
N. 178.000 to	- 150 110 11 110 110 110 110 110 110 110	Executed on 03 765 / 20 MM / DD / YY	614 Executed of	on			

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 7 of 63

Debtor 1	Kelly L Marshall First Name Middle Name Last Name	Case number (# known)
----------	---	-----------------------

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

, , , , , , , , , , , , , , , , , , , ,					
Are you aware that filing for bankruptcy is a serious acconsequences? No Yes	ction with long-term financial and legal				
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprise No Yes	e and that if your bankruptcy forms are oned?				
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
By signing here, I acknowledge that I understand the ri have read and understood this notice, and I am aware attorney may cause me to lose my rights or property if	that filing a bankruptcy case without an I do not properly handle the case.				
Signature of Debtor 1	N/A				
Date <u>53 /05 /2019</u> MM / DD / YYYY	Signature of Debtor 2 Date MM / DD / YYYY				
Contact phone (708) 668-6006	Contact phone				
Cell phone (708) 668-6006	Cell phone				
Email address kellymarshall200@yahoo.com	Email address				

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 8 of 63

Fill in this in	nformation to id	entify your case:		
Debtor 1	Kelly L Marsi			
	Pirst Name	Middle Name	Last Name	
Debtor 2	N/A			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court f	or the: Northern District of Illinois	3	_
Case number	(If known)		•••	

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$12,915.00
1c. Copy line 63, Total of all property on Schedule A/B	\$12,915.00
Part 2: Summarize Your Liabilities	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Your liabilities Amount you owe \$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$57,252.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 51,482.00
Your total liabilities	\$108,734.00
Part 3:s Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	s2,140.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,450.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 9 of 63

De	ebtor 1	Kelly L Marshall First Name Middle Name Lest Name C	Case number (# known)	
P	art 4:	Answer These Questions for Administrative and Statistical Record	is	
6.		u filing for bankruptcy under Chapters 7, 11, or 13?		
las as se,	2 Yes	You have nothing to report on this part of the form. Check this box and submit this	form to the court with your othe	r schedules.
7.		nd of debt do you have?	er den er kommune de	tar mengantan dan serina sebelah dan serina dan dan dan dan dan dan serina dan serina serina serina dan serina
		ir debts are primarily consumer debts. Consumer debts are those "incurred by an ily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	oses. 28 U.S.C. § 159.	
Madrin dia	⅃ You this	r debts are not primarily consumer debts. You have nothing to report on this par form to the court with your other schedules.	rt of the form. Check this box ar	d submit
8.	From the Form 12	ne Statement of Your Current Monthly Income: Copy your total current monthly in 2A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	\$ 640.00
9.	200	e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim	mendalmi ilinda mendari kenderika dan dina mendari pendari pendari pendari pendari mendari mendari pendari pen
	9a. Dom	estic support obligations (Copy line 6a.)	\$	
	9b. Taxe	s and certain other debts you owe the government. (Copy line 6b.)	\$ 57,252.00	
	9c. Clain	s for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
!	9d. Stud	ent loans. (Copy line 6f.)	\$1,824.00	
,	9e. Oblig priori	ations arising out of a separation agreement or divorce that you did not report as ry claims. (Copy line 6g.)	\$0.00	
,	9f. Debt	to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	

9g. Total. Add lines 9a through 9f.

59,076.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 10 of 63

Fill in this information to identify your case and	this filing:		
Debtor 1 Kelly L. Marshall]		
First Name Middle Name	Last Name		
Debtor 2 N/A Spouse, if filing) First Name Middle Name	i.ast Name		
nited States Bankruptcy Court for the: Northern District	of Illinois		
ase number	and the state of t	ı	-
		ļ	Check if this is a
5 CC 1 1 PM			amended filing
Official Form 106A/B			
Schedule A/B: Proper	tv		
	ms. List an asset only once. If an asset fits in more		12/15
rrite your name and case number (if known). An	g, Land, or Other Real Estate You Own or Ha	ive an interest in	arry additional pages
	rest in any residence, building, land, or similar pro	perty?	
No. Go to Part 2. Yes. Where is the property?			
Tes. where is the property?	What is the property? Check all that apply.	Andrew Company of Angles Angles Angles	A CANADA SA
	☐ Single-family home	Do not deduct secured cl the amount of any secure	
1.1. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clai	
October addresse, in available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
01.	✓ Investment property✓ Timeshare	Describe the nature	of your ownership
City State ZIP Code	Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one	the entireties, or a lif	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only		
,	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this i		
If you own or have more than one, list here:	property identification number:		
in you own or have more than one, not here.	What is the property? Check all that apply.	erronal new section	. Salah Saya Saya Saya Saya Saya Saya Sa
	Single-family home	Do not deduct secured cla the amount of any secure	
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Claim	
Oddet address, if available, of other description	Condominium or cooperative	Current value of the	Current value of th
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
	☐ Investment property ☐ Timeshare	Describe the nature of	of your ownership
City State ZIP Code	Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
	Debtor 1 only		1
County	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	Proposty

property identification number:

Other information you wish to add about this item, such as local

	Kelly L Marsha	3II	Document	Page 11 of 63	Mr. Commanda	
	First Name Mid	die Name Last Name)	Case number (if known)	
1.3.	Street address, if availab	ole, or other description	Single-family Duplex or mu Condominium	ılti-unit building	the amount of any secur Creditors Who Have Cla	claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of th portion you own?
	City	State ZIP Code	Land Investment p Timeshare Other		\$	of your ownership
	County		Debtor 1 only Debtor 2 only Debtor 1 and At least one of	Prest in the property? Check one. Debtor 2 only I the debtors and another on you wish to add about this its its its its its its its its its i	Check if this is co (see instructions) em, such as local	ommunity property
Add to	he dollar value of the nave attached for Part	portion you own for a 1. Write that number i	I of your entries f	rom Part 1, including any entrie	s for pages	\$
rt 2:	Describe Your	/ehicles				
you o I own t Cars,	wn, lease, or have leg that someone else drive vans, trucks, tractors	al or equitable interes	e, also report it on t	whether they are registered or of some state of the source	not? Include any vehicles and Unexpired Leases.	>
you o lown t Cars, No Ye 3.1.	wn, lease, or have leg that someone else drive vans, trucks, tractors	al or equitable interes	who has an inte Debtor 1 only Debtor 2 only Debtor 1 and D At least one of	Schedule G: Executory Contracts of the contract of the con	and Unexpired Leases.	ims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of th portion you own?
you o own t Cars, No Ye 3.1.	wn, lease, or have leg that someone else drive vans, trucks, tractors es Make: Model: Year: Approximate mileage: Other information:	chrysler Town/Count 2005 152966.	who has an intel Debtor 1 only Debtor 1 and D Debtor 1 and D At least one of	rest in the property? Check one. ebtor 2 only the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put it claims on Schedule D: is Secured by Property. Current value of the portion you own?
Cars, No Ye 3.1.	wn, lease, or have leg that someone else drive vans, trucks, tractors is Make: Model: Year: Approximate mileage: Other information: in fair condition	chrysler Town/Count 2005 152966.	who has an inter Debtor 1 and D Debtor 1 and D At least one of Check if this instructions) Who has an inter Debtor 1 only Debtor 2 only Debtor 3 and Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and De	rest in the property? Check one. ebtor 2 only the debtors and another s community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 688.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim	ims or exemptions. Put delaims on Schedule Dissecured by Property. Current value of the portion you own? \$ 688.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main

	First Name Middle Name	Last Name Case number (#	***************************************	
.з. М	lake:	Who has an interest in the property? Check one.		
	lodel:	Debtor Lonly	Do not deduct secured cl the amount of any secure	ed claims on Schedule D
	ear:	Debtor 2 only	Creditors Who Have Clai	ms Secured by Property
		Debtor 1 and Debtor 2 only	Current value of the	Current value of t
	pproximate mileage:	At least one of the debtors and another	entire property?	portion you own?
O	ther information:		Φ.	
		☐ Check if this is community property (see instructions)	\$	\$
4. Ma	ake:	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Pu
M	odel:	Debtor 1 only	 the amount of any secure 	d claims on Schedule I.
Ye	ear:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property
		Debtor 1 and Debtor 2 only	Current value of the	Current value of t
·	pproximate mileage: ther information:	At least one of the debtors and another	entire property?	portion you own?
	ner miornador.	Check if this is community property (see instructions)	\$	\$
i terc ra ample: No Yes	aft, aircraft, motor homes, ATV s: Boats, trailers, motors, person	s and other recreational vehicles, other vehicles, and access all watercraft, fishing vessels, snowmobiles, motorcycle accessor	sories ries	
ample: No Yes . Ma Mo Yea	s: Boats, trailers, motors, person	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put I claims on <i>Schedule D</i> .
mple: No Yes Ma Mo Yea	s: Boats, trailers, motors, person ike: del: ar:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	ims or exemptions. Put claims on Schedule D is Secured by Property Current value of t
Ma Mo Yes Mo Yes Oth	s: Boats, trailers, motors, person ike: del: ar:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put claims on Schedule D is Secured by Property. Current value of the portion you own?
Ma Mo Yes Oth	s: Boats, trailers, motors, person ske: del: ar: ner information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) E. Who has an interest in the property? Check one.	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claim	ims or exemptions. Put I claims on Schedule D Is Secured by Property. Current value of the portion you own? \$
Ma Mo Yes Ma Mo Yea Oth	s: Boats, trailers, motors, person ike: del: ar: ner information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Check if this is the property? Check one. Debtor 1 only	Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clain the amount of any secured	ims or exemptions. Put claims on Schedule D is Secured by Property. Current value of the portion you own? \$
Ma Ma Mo Yes Oth	s: Boats, trailers, motors, person like: del: ar: ner information: n or have more than one, list here ke: del:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claime amount of any secured Creditors Who Have Claime Current value of the entire property? \$	ims or exemptions. Put claims on Schedule D is Secured by Property. Current value of the portion you own? \$
Ma Ma Mo Yes Oth	s: Boats, trailers, motors, person like: del: ar: ner information: n or have more than one, list here ke: del: ar:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Check if this is community property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property? Do not deduct secured claim the amount of any secured Creditors Who Have Claims Current value of the	ims or exemptions. Put claims on Schedule D is Secured by Property. Current value of tl portion you own? \$
Ma Ma Mo Yes Otr	s: Boats, trailers, motors, person like: del: ar: ner information: n or have more than one, list here ke: del:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) e: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property? Do not deduct secured claim the amount of any secured Creditors Who Have Claims Current value of the	ims or exemptions. Put claims on Schedule D is Secured by Property Current value of the portion you own? \$

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly I Marshall Document Page 12 of 63

Document

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main

Debtor 1

Kelly L Marshall First Name Middle Name

Last Name

Page 13 of 63 Case number (if known)

Part 3: **Describe Your Personal and Household Items**

D	o you own or have any l	egal or equitable interest in any of the following items?	Current v	alue of the
		egal of equitable interest in any of the following items?	portion yo	ou own?
	See the transfer of the property of the first		Do not dedu or exemptio	ict secured claims ns.
6.	Household goods and			
		nces, furniture, linens, china, kitchenware		
	No No Describe	sectional and tables had dragger mettrees table/shalls		
	tes. Describe	sectional, end tables, beds, dresser, mattress, table/chairs, microwave, rugs, iron, food, clock, vacuum, blender, dishes at flea market prices used	\$	703.00
7.	Electronics	The state of the s	!	
	Examples: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music		
	collections; e	electronic devices including cell phones, cameras, media players, games		
	□ No			
	Yes. Describe	computer/printer, tv, dvd player, phone, cell phone items are valued used at pawnshop	\$	455.00
8.	Collectibles of value			
	Examples: Antiques and	figurines; paintings, prints, or other artwork; books, pictures, or other art objects;		
	stamp, coin,	or baseball card collections; other collections, memorabilia, collectibles		
		school books, family pictures (at no cash value) bible, videotapes/ cd's at yard		20.00
		sale prices	\$	80.00
9.	Equipment for sports a			
	Examples: Sports, photo	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	□ No	serpentaly tools, musical institutions		
		board games, bicycle at yard sale value used		0.00
		and the second s	\$	25.00
10.	Firearms		,1	
	Examples: Pistols, rifles,	shotguns, ammunition, and related equipment		
	No No		*	
	Yes. Describe		\$	0.00
11.	Clothes		i	
	Examples: Everyday cloth	nes, furs, leather coats, designer wear, shoes, accessories		
	□ No		4	
	Yes. Describe	normal wearing apparel at used store value	\$	615.00
			;	
	Jewelry			
	gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	□ No			
	Yes. Describe	costume jewelry, diamond studs, watches, earrings at pawnshop value used	\$	299.00
13.1	Non-farm animals			
i	Examples: Dogs, cats, bir	ds, horses		
	∃ No			
	Yes. Describe	The second secon	\$	0.00
4.4	ا Any other personal and l	household items you did not already list, including any health aids you did not list		**************************************
	☑ No	, and the list		
	Yes. Give specific			
	information.		\$	0.00
5. 🖊	\dd the dollar value of a	If of your entries from Part 3, including any entries for pages you have attached		0.477.00
f	or Part 3. Write that nun	nber here	\$	2,177.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 14 of 63

otor 1	Keliy L Marshal

First Name Middle Name

Last Name

Case number (if known)

Part 4: Describe Y	our Financial Assets			
Do you own or have an	y legal or equitable interest in	any of the following?	Current value of portion you own Do not deduct secur or exemptions.	? red claim
16. Cash Examples: Money you	u have in your wallet. in your ho	me, in a safe deposit box, and on hand when you file your petition		
☐ No		mo, in a sale deposit box, and of flarid when you me your petition		
			······ \$	65.00
17. Deposits of money Examples: Checking, and other	savings, or other financial acco similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, brokerage hor nultiple accounts with the same institution, list each.	uses,	
2 Yes		Institution name:		
	17.1. Checking account:	Chase Bank # 1520	\$2	25.00
	17.2. Checking account:		<u> </u>	
	17.3. Savings account:			
	17.4. Savings account:		\$	
	17.5. Certificates of deposit:		V	
	17.6. Other financial account:			
	17.7. Other financial account:			
	17.8. Other financial account:		· · · · · · · · · · · · · · · · · · ·	
	17.9. Other financial account:		T	
	or publicly traded stocks	erage firms, money market accounts		
☑ No	, invosinent accounts with broke	erage irms, money market accounts		
☐ Yes	Institution or issuer name:			
			 \$	
			\$	
			\$	
19. Non-publicly traded s an LLC, partnership, a	tock and interests in incorpor	rated and unincorporated businesses, including an interest in	I	
☑ No	Name of entity:	w		
Yes. Give specific	-	% of ownership:	•	
information about them		0% %	\$	
		0% %	\$	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 15 of 63 Kelly L Marshall Debtor 1 Case number (if known) First Name Middle Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **Ø** No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **2** No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others 2 No ☐ Yes..... Institution name or individual: Electric; Gas: Heating oil: Security deposit on rental unit: Prepaid rent:

Telephone: Water:

Other

Rented furniture:

. Annuities (A contract fo	r a periodic payment of money to you, either for life or for a number of years)
☑ No	
☐ Yes	Issuer name and description:

Entered 03/05/18 09:17:45 Case 18-06155 Doc 1 Filed 03/05/18 Desc Main Document Page 16 of 63 Kelly L Marshall Debtor 1 Case number (if known) First Name Last Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ✓ No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **2** No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information 2017 tax refund (EIC) exempt 9,960.00 Federal: about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ✓ No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you

Official Form 106A/B

Yes. Give specific information.....

No No

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits; unpaid loans you made to someone else

	Case 18-06155	Doc 1	Filed 03/05/18 Document	Entered 03/05/18 09:17:45 Page 17 of 63	Desc Main
Debtor 1	Kelly L Marshall First Name Middle Name	Lag	l Name		
			. Traine		
	ests in insurance policies				
Exam	nples: Health, disability, or life	insurance; h	ealth savings account (F	HSA); credit, homeowner's, or renter's insurance	ce control con
Ø N					
— 1	es. Name the insurance comp of each policy and list its v	oany Con value	npany name:	Beneficiary:	Surrender or refund value:
		· u.u.u.,			
		P			
		····			<u> </u>
If you	nterest in property that is d are the beneficiary of a living	trust, expect	someone who has die proceeds from a life ins	d surance policy, or are currently entitled to receiv	√e
prope	rty because someone has die	3 0.			
	o es. Give specific information	25	and a suite is the first of the suite of the first of the suite of the		
	sa. Give specific information				\$

33. Claim	s against third parties, whe	ther or not y	ou have filed a lawsuit	t or made a demand for payment	
Exam	ples: Accidents, employment	aisputes, ins	urance claims, or rights t	to sue	
	o es. Describe each claim				***************************************
	ss. Describe each cidin				•
34. Other	contingent and unliquidate			counterclaims of the debtor and rights	
to set	or ciaims		· · · · · · · · · · · · · · · · · · ·	counterclaims of the debtor and rights	
☑ No		,,,,	d sands samman a gogafic a the final constitution of a management a governor a gogafic all a community agencym		
↓ Ye	s. Describe each claim				
		·			\$
35. Any fir	nancial assets you did not a	already list			
2 No					· ·
∟ Ye	s. Give specific information				a promotiva de la companya de la com
		in the section of the	an established and alternative mean management of the established and establis		
36. Add th	e dollar value of all of your	entries fron	n Part 4, including any	entries for pages you have attached	
for Pa	rt 4. Write that number here				→ \$ 10,050.00
	_				
Part 5:	Describe Any Busin	ess-Relat	ed Property You (Own or Have an Interest In, List a	ny roal ostato in Bort 4
\$1,420 AM AM AM		''''''''''''			ny real estate in Fait 1.
	own or have any legal or e	quitable inte	erest in any business-r	elated property?	
	. Go to Part 6.				
₩ Yes	s. Go to line 38.				To the selection of the selection of
					Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
38. Accour	nts receivable or commissio	ons you aire:	ady earned		
✓ No	Arreston.				
☐ Yes	s. Describe				74. M. A. 4. H. 100 and 11
					\$
	equipment, furnishings, and			***************************************	
	es: Business-related computers, so	oftware, moder	ms, printers, copiers, fax ma	chines, rugs, telephones, desks, chairs, electronic de	vices
No.		man ya mana ka mana a mana a ya mana aya ya ya mana aya ya mana a ya mana aya ya mana aya ya mana a ya mana a	ided for many a second control of the form of the form of the first second control of the first section of the		and form a constructed country.
⊸ Yes	. Describe				\$
	i				

Debtor 1	Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Kelly L Marshall Document Page 18 of 63 Case number (# known)	Desc Main
	First Name Middle Name Last Name Case number (if known)	
40 Machin	Park Challenge and the second and th	
	ery, fixtures, equipment, supplies you use in business, and tools of your trade	
☑ No	Describe	***************************************
∟ Yes		\$
		To the second of
41. Invento		
No No		
☐ Yes.	Describe	\$
		\$
	s in partnerships or joint ventures	
☑ No		
∟ Yes.	Describe Name of entity: % of owners!	nip:
	%	\$
	%	\$
		\$
		*
43. Custome	er lists, mailing lists, or other compilations	
	Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	No	
	Yes. Describe	Mary and a service and a servi
		\$
	ness-related property you did not already list	
₩ No	Give specific	
inforr	nation	\$
		\$
		•
		Ψ
		\$
		\$
		\$
45. Add the	dollar value of all of your entries from Part 5, including any entries for pages you have attached	0.00
for Part	i. Write that number here	→ \$ 0.00
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Intere if you own or have an interest in farmland, list it in Part 1.	st In.
46 Do you o	un or have any local or equitable interest to the first of the second of	
	wn or have any legal or equitable interest in any farm- or commercial fishing-related property? o to Part 7.	
_	Go to line 47.	N :
		Current value of the
		portion you own?
		Do not deduct secured claims
47. Farm ani	nals	or exemptions.
Examples	: Livestock, poultry, farm-raised fish	
☑ No		
Yes		300 1000 (100 pc) (100 pc) (100 pc)
		\$

	First Name Middle Name La		Of 63 Case number (if known)	
		st Name	*** Tananggi da katangga manananananan	
	either growing or harvested			
☑ No	s. Give specific	on the state of th		
info	rmation			\$
49. Farm a	nd fishing equipment, implements, n	nachinery, fixtures, and tools of trade		
Yes			and the second section of the second second second second section section (second section section section second s	was but and a
				\$
50. Farm a	nd fishing supplies, chemicals, and f	eed		
				000 No. 11 11 11 11 11 11 11 11 11 11 11 11 11
				\$
51. Any far	m- and commercial fishing-related p	roperty you did not already list		and the second of the second o
	. Give specific			
				\$
52. Add the for Part	dollar value of all of your entries fro	om Part 6, including any entries for pa	ges you have attached	\$0.00
				<u> </u>
Examples No Yes.	Give specific			\$
infor	mation			\$
			the field department outside for Mora and an entire fermion from the feether that as the fermion in the	\$
54. Add the	dollar value of all of your entries from	m Part 7. Write that number here	→	\$0.00
Part 8:	List the Totals of Each Part	of this Form		
		of this Form	→	\$0.00
55. Part 1: T				\$0.00
55. Part 1: T	otal real estate, line 2	\$688.0	00	\$0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T	otal real estate, line 2otal vehicles, line 5	\$688.0	00	\$ 0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T	otal real estate, line 2otal vehicles, line 5	\$688.0 ine 15	00 00 00	\$ 0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T	otal real estate, line 2otal vehicles, line 5 otal personal and household items, l	\$688.0 \$5	00 00 00 00	s0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T 60. Part 6: T	otal real estate, line 2otal vehicles, line 5 otal personal and household items, lotal financial assets, line 36 otal business-related property, line 4	\$688.0 \$5	00 00 00 00 00	s0.00
55. Part 1: T 56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T	otal real estate, line 2 otal vehicles, line 5 otal personal and household items, l otal financial assets, line 36 otal business-related property, line 4	\$ 688.0 \$ 2,177.0 \$ 10,050.0 5 \$ 0.0 \$ y, line 52 \$ 0.0 +\$ 0.0	00 00 00 00 00	•
56. Part 2: T 57. Part 3: T 58. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T 62. Total per	otal real estate, line 2	\$ 688.0 \$ 2,177.0 \$ 10,050.0 5 \$ 0.0 \$ y, line 52 \$ 0.0 +\$ 0.0	00 00 00 00 00 00 00 Copy personal property total →	•

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main

63.

Debtor 1	is information to iden Kelly L Marsha First Name		Last Name		
Debtor 2 (Spouse, it	N/A	Middle Name	Last Name		
Case nur		ne.Northern District	OT HERIOIS		Check if this is an amended filing
Officia	al Form 106C				
		he Prop	erty You C	laim as Exempt	04/16

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify t	the Property	You	Claim	as	Exempt	

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

Brief descripti Schedule A/B	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	2005 Chrysler TwnC	\$ <u>688.00</u>	3 \$ 2,400.00	735-5/12-1001(c)
Line from Schedule A/B:	3.1		100% of fair market value, up to any applicable statutory limit	
Brief description:	household goods	\$703.00	\$ 703.00	735-5/12-1001(b)
Line from Schedule A/B:	.6		100% of fair market value, up to any applicable statutory limit	733-3/12-1001(0)
Brief description:	electronics	\$ <u>455.00</u>	□ \$ <u>455.00</u>	.735-5/12-1001(b)
Line from Schedule A/B:	7		100% of fair market value, up to any applicable statutory limit	755-5/12-1001(0)

☑ No

No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 21 of 63

Debtor 1

Kelly L Marshall
First Name Middle Name

e Name Last Name

Case number (if known)

Part 2:

Additional Page

Brief descrip on Schedule	tion of the property and line A/B that lists this property		nt value of the n you own	Amount	of the exemption you claim	Specific laws that allow exemption
		Copy ti Schedi	he value from ule A/B	Check or	ly one box for each exemption	
Brief description:	school books, bible	\$	80.00	 s	80.00	735-5/12-1001(b)
Line from Schedule A/B:	8			⊿ 100% any a	of fair market value, up to pplicable statutory limit	
Brief description:	hobby items	\$	25.00	_ \$	25.00	735-5/12-1001(b)
Line from Schedule A/B:	9			4 100% any a	of fair market value, up to pplicable statutory limit	
Brief description:	clothing	\$	615.00	- \$	615.00	735-5/12-1001(a)
Line from Schedule A/B:	11			100% any a	of fair market value, up to pplicable statutory limit	
Brief description:	jewelry	\$	299.00	u s	299.00	735-5/12-1001(b)
Line from Schedule A/B:	12				of fair market value, up to oplicable statutory limit	
Brief description:	cash in wallet	\$	65.00	- \$	65.00	735-5/12-1001(b)
Line from Schedule A/B:	16				of fair market value, up to oplicable statutory limit	
Brief description:	Chase Bank #1520	\$	25.00	- \$	25.00	735-5/12-1001(b)
Line from Schedule A/B:	<u>17.1</u>			100% any a	of fair market value, up to plicable statutory limit	
Brief description:	2017 tax refund EIC	\$	9,960.00	- \$	9,960.00	735-5/12-1001(b) 735-5/12-1001(g)(1)
Line from Schedule A/B;	28			100% any ap	of fair market value, up to plicable statutory limit	
Brief description:		\$		_ \$	Tables.	
Line from Schedule A/B;					of fair market value, up to plicable statutory limit	***************************************
Brief description:		\$		u \$		
Line from Schedule A/B:	- Control of the Cont				of fair market value, up to plicable statutory limit	
Brief description:		\$		□ \$		
Line from Schedule A/B:				100% (of fair market value, up to olicable statutory limit	
Brief description:		\$		□ s		
Line from Schedule A/B:					of fair market value, up to oblicable statutory limit	
Brief description:		\$		- \$		
Line from Schedule A/B:	·····				f fair market value, up to dicable statutory limit	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 22 of 63

Fill in this information to identify your c				
	ase;			
Debtor 1 Kelly L Marshall				
First Name Midd	le Name Last Name			
Debtor 2 N/A (Spouse, if filling) First Name Midd	e Name Last Name			
United States Bankruptcy Court for the: Norther				
	TO DISTRICT OF HIRRORS			
Case number (If known)	***************************************		Chook	if this is an
				ed filing
Offi-1-1-E 400B				······ g
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secur	ed by Pro	perty	12/15
Be as complete and accurate as possible	. If two married people are filing together, both are o	auaily roonanaible	5	•
information. If more space is needed, co additional pages, write your name and c	DV Lile Additional Pade, fill it out number the entrice	and attach it to this	form. On the top of	any
pages, write your marie and c	ase number (it known).			
Do any creditors have claims secured	by your property?			
No. Check this box and submit this fo	rm to the court with your other schedules. You have noth	ning else to report on	this form.	
Yes. Fill in all of the information below	v .			
art 11: List All Secured Claims				
	more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor	has a particular claim, list the other creditors in Part 2	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in alp	habetical order according to the creditor's name.	value of collateral.	claim	If any
.1	Describe the property that secures the claim:	c		
Creditor's Name	The state of the state of the cident.	3	3	5
N.	-			
Number Street				
	As of the date you file, the claim is: Check all that apply. Ontingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only				
	An agreement you made (such as mortgage or secured car loan)			
Debtor 2 only Debtor 1 and Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) 			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit 			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) 	-		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	 □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) 	-		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) Last 4 digits of account number	FIRAN S GOVERNING STREET AND SECUNDARY SOURCE STREET, AND SECUNDARY SECUNDAR	attin di vati il haven metatan kankanakan kundung bersesian benjah besesia sejara	a di di manda di man
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)	it sinh di bilima situati sa tana sa sa manda inga sa manda sa		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) Last 4 digits of account number			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) Last 4 digits of account number			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name	□ An agreement you made (such as mortgage or secured car toan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number □ Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply.			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name	□ An agreement you made (such as mortgage or secured car toan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Last 4 digits of account number □ Describe the property that secures the claim: □ As of the date you file, the claim is: Check all that apply. □ Contingent			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one.	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one.	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	An agreement you made (such as mortgage or secured car toan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			

Case 18-06155 Doc 1		Main
Fill in this information to identify your case:	Document Page 23.of 63	
Juli Salse.		
Debtor 1 Kelly L Marshall		
First Name Middle Name	Last Name	
Debtor 2 N/A		
(Spouse, if filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: Northern Dist	rict of Illinois	
		Observation to
Case number (If known)		Check if this is an
		amended filing
Official Form 106E/F		
Official Form Took/F		
Schedule E/F: Creditors	Who Have Unsecured Claims	
		12/15
Be as complete and accurate as possible. Use i	Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NO	MPPIOPITY alaims
Fig. the other barry to any executory contracts t	Of Unexpired league that could requif in a plaim. Also list assessment	
	HEUDIE G. EXECUTORY CONTRACTS and Unovaired Loscos Inflicial Facus 4007	*
	iialeu III acheoble D' Grenitors who Hava Claime Sooured by Dyesset, it	
any additional pages, write your name and case	oer the entries in the boxes on the left. Attach the Continuation Page to the	is page. On the top of
Entered to the second s	number (in Allowit).	
Part 1: List All of Your PRIORITY Unsec	cured Claims	
1. Do any creditors have priority unsecured cla	nims against you?	
No. Go to Part 2.)
☑ Yes.		
2. List all of your priority unsecured claims. If a	a creditor has more than one priority unsecured claim, list the creditor separate	du fan andr alalı 😷
morpholity amounts. As much as possible, list the	DE CidUIS II) alonabelical order according to the creditor's name. If you have	والأراز والمراجع المستعلق المستعلق المستعلق
and out the Continuation Page	of Part 1. If more than one creditor holds a particular claim, list the other credit	tors in Part 3.
(For an explanation of each type of claim, see the	ne instructions for this form in the instruction booklet.)	
	Total claim F	Priority Nonpriority
2.1		imount amount
L Dept of Ed/ Navient	Last 4 digits of account number 0 1 0 2 \$ 4,056.00 \$	405000 000
Priority Creditor's Name	Last 4 digits of account number 0 1 0 2 \$ 4,030.00 \$	4.056.00 \$ 0.00
P O Box 9635	When was the debt incurred? 08/14/2015	
Number Street	MANAGEM Angel purpungan anna ana angel purpungan ana angel purpungan ana ana ana ana ana ana ana ana ana	
LA PA	As of the date you file, the claim is: Check all that apply.	
Wilkes Barre PA 18773	— Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	1
Debtor 1 only	- Disputed	
Debtor 2 only	Type of PRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you own the approximant	
Check if this claim is for a community debt	Claims for death or personal injury while you were	
Is the claim subject to offset?	intoxicated	
2 No	Other. Specify	
☐ Yes		
2.2 Dept of Ed/ Navient		Nondeline attributes and organized the arms of contract products and of the contract and contrac
Priority Creditor's Name	Last 4 digits of account number 0 0 9 2 \$ 2,553.00 \$ 2	2,553.00 _s 0.00
P O Box 9635	When was the debt incurred? 08/14/2015	
Number Street	MANA	
	As of the date you file, the claim is: Check all that apply.	
Wilkes Barre PA 18773	Contingent	:
City State ZIP Code	Untiquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	W	
Debtor 2 only	Type of PRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government	
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were	
•	intoxicated	
Is the claim subject to offset? ☑ No	Other. Specify	
Yes		

. .

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 24 of 63 number (if known) Last Name

Debtor 1

Part 1: Your PRIORITY Unsecured Clair	
	em beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Amount amount
Dept of Ed/ Navient	Last 4 digits of account number 0 0 8 2 \$ 7,896.00 \$7,896.00 \$ 0.0
Priority Creditor's Name P O Box 9635	
Number Street	When was the debt incurred? 08/15/2014
	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773 City State ZIP Code	Contingent Unliquidated Disputed
Who incurred the debt? Check one.	
☑ Debtor 1 only☑ Debtor 2 only☑ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim: Domestic support obligations
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated
☐ Check if this claim is for a community debt	Other. Specify
Is the claim subject to offset?	
☑ No □ Yes	
Dept of Ed/ Navient	Last 4 digits of account number 0 0 7 2 \$ 5,627.00 \$5,627.00 \$ 0.00
Priority Creditor's Name P O Box 9635 Number Street	When was the debt incurred? 08/15/2014
Number Street	As of the date was 5th the day to
Million Day	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773 City State ZIP Code	Contingent Unliquidated
Who incurred the debt? Check one.	Disputed
☐ Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	Domestic support obligations
 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Taxes and certain other debts you owe the government
Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated Other. Specify
Is the claim subject to offset?	Other. Specify
☑ No	
Dept of Ed/ Navient	Last 4 digits of account number 0 0 6 2 \$ 8,001.00 \$8,001.00 \$ 0.00
Priority Creditor's Name P O Box 9635 Number Street	When was the debt incurred? 09/09/2013
(With Del Street	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773	Contingent
City State ZIP Code	☐ Unliquidated ☐ Disputed
Who incurred the debt? Check one.	
☐ Debtor 1 only ☐ Debtor 2 only	Type of PRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	Domestic support obligations
☐ At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were
☐ Check if this claim is for a community debt	Usains for death or personal injury while you were intoxicated Other. Specify
Is the claim subject to offset? ☑ No	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 25 of 63se number (if known) Last Name

After listing any entries on this page, number th	em beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonprio
	amount amount
2.6 Dept of Ed/ Navient	Last 4 digits of account number 0 0 5 2 \$ 5,713.00 \$ 5,713.00 \$
Priority Creditor's Name P O Box 9635	- William Allyton Committee and the Committee an
Number Street	When was the debt incurred? 09/09/2013
	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773	Contingent
City State ZIP Code	Unliquidated
Who incurred the debt? Check one.	☐ Disputed
Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	Domestic support obligations
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government
At least one of the debtors and another	Claims for death or personal injury while you were
Check if this claim is for a community debt	intoxicated Other. Specify
Is the claim subject to offset?	
M No	
Yes	
Dept of Ed/ Navient	Last 4 digits of account number 0 0 4 2 \$ 7,981.00 \$ 7,981.00 \$
Priority Creditor's Name	Last 4 digits of account number 0 0 4 2 \$ 7,981.00 \$ 7,981.00 \$ 0
P O Box 9635	When was the debt incurred? 09/10/2012
Number Street	
	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773	Contingent
City State ZIP Code	Unliquidated Disputed
Who incurred the debt? Check one.	Uisputed
☐ Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	Domestic support obligations
Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	Taxes and certain other debts you owe the government
Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated
	Other. Specify
Is the claim subject to offset?	
☑ No	
Yes This to find for more and control and an interpretable desired and an	
☐ Dept of Ed/ Navient	Last 4 digits of account number 0 0 3 2 \$ 3,582.00 \$3,582.00 \$ 0.0
Priority Creditor's Name P O Box 9635	
Number Street	When was the debt incurred? 09/10/2012
	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773	Contingent
City State ZIP Code	Unliquidated
	☐ Disputed
Who incurred the debt? Check one.	
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	Domestic support obligations
At least one of the debtors and another	Taxes and certain other debts you owe the government
	Claims for death or personal injury while you were intoxicated
Check if this claim is for a community debt	_
•	Other. Specify
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No	Other. Specify

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 26 of 63se number (# known) Document Page 26 of 63se number (if known)

Part 12. Your PRIORITY Unsecured Claims - Continuation Page

Dept of Ed/ Navient	Last 4 digits of account number 0 0 2 2	\$_8,321.00 \$8,321.00 \$
Priority Creditor's Name P O Box 9635		
Number Street	When was the debt incurred? 09/05/0201	
	As of the date you file, the claim is: Check all that app	tv.
Wilkes Barre PA 18773	☐ Contingent	•
City State ZIP Code	Unliquidated	
	☐ Disputed	
Who incurred the debt? Check one.		
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only	Domestic support obligations	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government	
	Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated	
	Other. Specify	-
s the claim subject to offset?		
■ No		
Dept of Ed/ Navient		
Priority Creditor's Name	Last 4 digits of account number 0 0 1 2	\$ 3,522.00 \$ 3,522.00 \$
O Box 9635	Milhon the debt in to 00/05/2011	
lumber Street	When was the debt incurred? 09/05/2011	
	As of the date you file, the claim is: Check all that apply	v.
Wilkes Barre PA 18773	☐ Contingent	•
ity State ZIP Code	Unliquidated	
211 0000	Disputed	
Who incurred the debt? Check one.	- Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only	Domestic support obligationsTaxes and certain other debts you owe the government	
At least one of the debtors and another	Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated	
•	Other. Specify	
the claim subject to offset?		
No No		
Yes	$1 \leq t \leq $	
	Last 4 digits of account number	\$\$ \$
riority Creditor's Name	East 4 digits of account fidtibes	ΨΦ
umber Street	When was the debt incurred?	
uniber Street		
	As of the date you file, the claim is: Check all that apply	
	☐ Contingent	
ty State ZIP Code	Unliquidated	
ho incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Tune of PRIORITY	
Debtor 2 only	Type of PRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government	
	Claims for death or personal injury white you were	
Check if this claim is for a community debt	intoxicated Other. Specify	$^{a_{0}a_{1}a_{2}a_{3}a_{4}a_{2}a_{3}a_{4}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5$

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 27 of 63se number (if known)

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority up					
	No. You have nothing to report in the Yes	iis part. St	Jomit this form to th	ne court with your other schedules.		
4	List all of your popularity upgoods	Arielania (A		ayen dayan bara bara aren 2	elysterjatejareja tribitist	
• • • • • • • • • • • • • • • • • • •	List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of	ditor holds	raiery for each cial	n encance claim betan identification	hita waa afaaladaa 14 ta 175	4 60 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
4.1	Advocate Health Care/ Advoca		h C. h			Total claim
L	Nonpriority Creditor's Name	ale Soul	ii Suburban H	Last 4 digits of account number	5 4 6 2	\$ 2,073.00
	17800 South Kedzie Ave			When was the debt incurred? $\underline{0}$	9/23/2017	***************************************
	Hazel Crest	IL.	60429	· An Ath. is a man of		
	City	State	ZIP Code	As of the date you file, the claim is	S: Check all that apply.	
	Who incurred the debt? Check one.			Contingent Unliquidated		
:	Debtor 1 only			Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			***		
	At least one of the debtors and another			Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a commu			Student loans Obligations arising out of a separati	ion agreement or divorce	
	Is the claim subject to offset?			that you did not report as priority cla Debts to pension or profit-sharing p	aims	
•	☑ No ☐ Yes			Other. Specify medical	maris, and other similar debts	i
4.2	Advocate Medical Group	managan, sa pambagan baranan,	te kaj lijeritet et de seta de seta eta eta eta eta eta eta eta eta eta	Last 4 digits of account number	1 7 0 6	s 815.00
	Nonpriority Creditor's Name				4/17/2017	<u> </u>
	8550 W Bryn Mawr Ave 8th Flo	or				:
	Chicago	IL	60631	As of the date you file, the claim is:	: Check all that apply	
	City	State	ZIP Code	Contingent	тин или ини ирргу.	
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another			Student loans	u ciaiii;	
	☐ Check if this claim is for a commun			Obligations arising out of a separation	on agreement or divorce	:
		my debt		that you did not report as priority cla	ims	
	Is the claim subject to offset?			Debts to pension or profit-sharing place. Other. Specify medical	ans, and other similar debts	
	Yes			, , , , , , , , , , , , , , , , , , , ,		
4.3	American Web Loan	Alexandra established and a second of the se	de Maria anti-attendi de de de la completa de la c		et terminen petialitisel vitalesta kilometa kilometa kan onesta versi seksi versi seksi versi setsi versi seks T	: ૧૮ એક વિજેશ એક એન્સેએન્સએન્સએન્સ કર્યા કર્યા કરવા કરવા માનવ માલાકારા છે. અને અનો અને અને અને અને અને સ્ટાર્સિક ૧૯ એક માના સ્ટાર્સિક
<u> </u>	Nonpriority Creditor's Name			Last 4 digits of account number	2 1 5 3	\$592.00
	2128 N 14th St Ste 1 #130 Number Street			When was the debt incurred?		
		OK State	74601	As of the date you file, the claim is:	Check all that apply	
	·	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one. Debtor 1 only			☐ Unliquidated		
	Debtor 2 only			☐ Disputed		:
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured	d alaim.	
	At least one of the debtors and another			Student loans	. viallii.	;
	☐ Check if this claim is for a communi	ity debt		Obligations arising out of a separation	n agreement or divorce	
	Is the claim subject to offset?			that you did not report as priority clair	rns	
	☑ No ☐ Yes			Debts to pension or profit-sharing pla Other. Specify <u>credit</u> use	ins, and other similar debts	
	103				44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 28 of 63se number (if known)

Part 2:

				98080	
AT&T			Last 4 digits of account number 0 3 9 5		186.0
Nonpriority Creditor's Name			When was the debt incurred? 03/06/2018	\$	100,0
208 South Akard St			when was the debt incurred?		
Dallas	TX	75202	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	☐ Contingent		
Who incurred the debt? Che	ck one		Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors a	nd another		Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for	a community debi	:	you did not report as priority claims		
Is the claim subject to offset	?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use		
☑ No			Other. Specify Credit use		
Yes					
Bridgecrest Formerly D	rivetime	eminenti con est que elemente sum e en que so Concretaro seu estante.	Last 4 digits of account number 0 0 4 5	z-rezii+twizelijunye(i,w)	0.0
Nonpriority Creditor's Name	ATV CUTTIC			\$	0.0
P O Box 29018 Number Street			When was the debt incurred? 03/11/2017		
Phoenix	AZ	85038	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Chec	k one		Unliquidated		
Debtor 1 only	it Ono.		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims		
Is the claim subject to offset?	_		Debts to pension or profit-sharing plans, and other similar debts		
☑ No			Other. Specify notice only		
Yes					
Capital One Bank USA	mentionada de productiva de la compressión dela compressión del compressión de la co	anninna (terlaph de Saintinna) - tellerin e septembe (på annang anglesy etteraph	Last 4 digits of account number 3 3 6 4	s <u>1,</u>	195.00
Nonpriority Creditor's Name	14.74				
P O Box 30285			When was the debt incurred? 03/24/2012		
Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one.		Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims		
s the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts		
☑ No			Other. Specify Credit use		
Yes					

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 29 of 63 enumber (# Known)

				SATER REPORTED
Capital One/ Justice Nonpriority Creditor's Name			Last 4 digits of account number 7 5 6 3	_{\$} 519.0
P O Box 30253			When was the debt incurred? 08/19/2016	***************************************
Number Street Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	nne		Unliquidated	
Debtor 1 only	Silo.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt	:	you did not report as priority claims	
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
☑ No			Other. Specify <u>credit use</u>	
☐ Yes				
ChexSystems		remarks a service at environment, project, just a broken beliefer for which de 11 for sign	Last 4 digits of account number 1 1 5	\$0.0
Nonpriority Creditor's Name			When was the debt incurred? 03/05/2018	
7805 Hudson Rd Ste 100			- Allen And the debt inchiled	
Woodbury	MN	55125	As of the date you file, the claim is: Check all that apply.	
Dity	State	ZIP Code	Contingent	
Who incurred the debt? Check or	••		☐ Unliquidated	
Debtor 1 only	ne.		☐ Disputed	
Debtor 2 only			Time of NONDRIGORIES	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a	nother		Student loans	
Check if this claim is for a co	ommunite dalet		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	minumity debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No			Other. Specify notice only	
I Yes				
		#One control of the c		polygology of the employed Tapping Transport Application between the
Comcast			Last 4 digits of account number 3 3 6 8	\$422.00
onpriority Creditor's Name O Box 3002			When was the debt incurred? 03/05/2018	
umber Street Southeastern	PA	19398	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
/ho incurred the debt? Check on	_		☐ Unliquidated	
Debtor 1 only	e.		☐ Disputed	
Debtor 1 only Debtor 2 only			To A MONDRIGHT	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and an	other		Student loans	
Check if this claim is for a co			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts	
No I Yes			Other. Specify Credit use	

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 30 of 63se number (if known)

ο.

Debtor 1

Nonprotecty Credition's Name P O Box 64-3005 Number Street Cincinnati OH 45264 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Dental Works Nonpriory Creditor's Name P O Box 64-3005 Number Street Cincinnati OH 45264 City State ZiP Code When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Disputed Disputed Disputed Disputed Other, Specify medical When was the debt incurred? Last 4 digits of account number 9 8 0 6 \$ 460 Other, Specify medical When was the debt incurred? As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts Other, Specify medical When was the debt incurred? As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts Unliquidated Disputed Contingent Unliquidated Disputed Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Unliquidated Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Other, Specify medical Other, Specify medical	anaga na mining kabupatan 1945 at an Aribert 1969. I	rees, a Dears No Dist.	ntan in anin din Ngga	th 4.4, followed by 4.5, and so forth.		otal clain
P O Box 64-3005 Name Show Cincinnati OH 45264 As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Destor 1 and Destor 2 only Destor				Last 4 digits of account number 9 8 2 6	\$	163.0
Number Street Cincinnati Cincinna				When was the debt incurred?	7	
Contingent Con	Number Street			A - EN- Li		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only As death of this claim is for a community debt Since Cincinnati Debtor 2 only Since Cincinnati Debtor 2 only Debtor 3 only Debtor 2 only No Debtor 3 only Since Cincinnati Debtor 2 only Debtor 3 only Debtor 4 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Since Since Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 o						
Disputed	uncy	State	ZIP Code			
Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only State 2 person on profit-sharing plans, and other similar debts Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only De		оле.				
Debtor 1 and Debtor 2 only				•		
At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? Check if this claim is for a community debt Check if this claim is check all that apply. Confingent Check if this claim is for a community debt Check if this claim is check all that apply. Confingent Check if this claim is check all that apply. Confingent Check if this claim is check all that apply. Confingent Check if this claim is check all that apply. Confingent						
Check if this claim is for a community debt	At least one of the debtors and	another				
Dental Works Last 4 digits of account number 9 8 0 6				you did not report as priority claims		
Dental Works Superiority Creditor's Name Superiority Creditor's Name P O Box 64-3005 When was the debt incurred?	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical		
Dental Works Nonpricety Creditor's Name P O Box 64-3005 Number Street Cincinnati OH 45264 City State ZiP Code When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Office Kir this claim is for a community debt Is the claim subject to offset? Disputed Last 4 digits of account number 9 8 0 0 6 \$ 46i When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profile-sharing plans, and other similar debts Other. Specity medical As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: State at 4 digits of account number 3 2 7 6 When was the debt incurred? O3/06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loane Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profile-sharing plans, and other similar debts Other. Specity Other. Speci				oner, specify woodes.		
When was the debt incurred?	TES					
Nonpriority Creditor's Name P O Box 64-3005 Number Street Cincinnati OH 45264 City State ZIP Code Contingent Uniquidated Disputed Disputed Disputed Disputed Type of NONPRIORITY unsecured claim: Other is specify medical Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 3 2 7 6 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Other. Specify medical As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Other. Specify medical Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical Student loans Other. Specify medical Type of NONPRIORITY unsecured claim: Uniquidated	Dental Works		\$	Last 4 digits of account number 9 8 0 6	entre i Arbeit in me	400.0
P O Box 64-3005 When was the debt incurred?	Nonpriority Creditor's Name			Last 7 digits of account number 3 0 0 0	\$	466.0
Cincinnati OH 45264 City State ZIP Code City State ZIP Code Contingent Unfiquidated Disputed Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Directv Nonpronty Creditor's Name P O Box 6550 Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only State Directv Nonpronty Creditor's Name P O Box 6550 Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt State claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations ansing out of a separation agreement or divorce that you did not report as priority claims Debtor 1 pension or profit-sharing plans, and other similar debts Type of NonPRIORITY unsecured claim: Contingent Unfiquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unfiquidated Disputed Debtor 2 only As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Check if this claim is for a community debt Contingent Check if this claim is for a community debt Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Check if this claim is for a community debt Contingent Cont	P O Box 64-3005			When was the debt incurred?		
Contingent Unliquidated Disputed Contingent Unliquidated Disputed Unliquidated Disputed Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Check if this claim subject to offset? Contingent Unliquidated Disputed Contingent Unliquidated Disputed Unliquidated Disputed Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Contingent Unliquidated Other. Specify_medical Contingent Unliquidated Disputed Disputed Contingent Unliquidated Disputed Contingent		ОН	45264	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Other. Specify medical Who was the debt incurred? Disputed Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Other. Specify medical Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Directv Last 4 digits of account number 3 2 7 6 When was the debt incurred? O3/06/2018 As of the date you file, the claim is: Check all that apply. City State Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Ooligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 and Debtor 2 only At least one of the debtors and another Ooligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 5 persion or profit-sharing plans, and other similar debts Other. Specify Credit Use	City			Contingent		
Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical When was the debt incurred? O3/06/2018 As of the date you file, the claim is: Check all that apply. Disputed As of the date you file, the claim is: Check all that apply. Disputed As of the date you file, the claim is: Check all that apply. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts	Who incurred the deht? Check of	ine		☐ Unfiquidated		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Directv □ Nonpriority Creditor's Name □ Do Box 6550 □ Number Street □ Greenwood Village CO 80155 □ State ZiP Code □ Debts to penson or poff-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Debts or a not profit sharing plans, and other similar debts □ State ZiP Code □ Debts or a not profit sharing plans, and other similar debts □ State ZiP Code □ Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debtor 1 onfiscent of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 onfiscent of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 onfiscent of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt		me.		Disputed		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify _medical				Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical ☐ Other. Specify Chairs spriority claims ☐ Other. Specify Credit Use						
Check if this claim is for a community debt State claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar	At least one of the debtors and a	another				
Other. Specify medical Substitute	Check if this claim is for a co	ommunity debt		you did not report as priority claims		
☐ No☐ Yes Directy	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
Directv Nonpriority Creditor's Name P O Box 6550 Number Street Greenwood Village CO 80155 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Last 4 digits of account number 3 2 7 6 When was the debt incurred? O3/06/2018 When was the debt incurred? O3/06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Use	☑ No			a Other, Specify Medical		
Directv Nonpriority Creditor's Name P O Box 6550 Number Street Greenwood Village CO 80155 State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt sthe claim subject to offset? Last 4 digits of account number 3 2 7 6 When was the debt incurred? O3/06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Use	☐ Yes					
When was the debt incurred? 03/06/2018 When was the debt incurred? 03/06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquid	and the second of the China in the second to the second the second secon	the Committee of the State (Committee) and the State of t	and the second of the second control of the second of the		**************************************	119.00
When was the debt incurred? 03/06/2018 When was the debt incurred? 03/06/2018 As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt sthe claim subject to offset? When was the debt incurred? 03/06/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Use						
As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt Student loans Debts to pension or profit-sharing plans, and other similar debts City State ZIP Code Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Use	P O Box 6550			When was the debt incurred? 03/06/2018		
Contingent Unliquidated Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 NONPRIORITY unsecured claim: Debtor 6 NONPRIORITY unsecured claim: Debtor 7 only Debtor 8 Student loans Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 nonpriority claims Debtor 6 only Debtor 7 only Debtor 9 only		CO	80155	As of the date you file, the claim is: Check all that apply.		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit use	City	State	ZIP Code			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify Credit Use	Who incurred the debt? Check or	ne.				
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Sthe claim subject to offset? Other, Specify Credit Use				■ Disputed		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Credit use	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Credit Use						
☐ Check if this claim is for a community debt Solution of set? Solution of set in the claim subject to offset? Solution of set in the claim subject to offset? Solution of set in the claim subject to offset? Solution of set in the claim subject to offset? Solution of set in the claim subject to offset?	At least one of the debtors and are	nother				
Stille Claim Subject to offset? Other, Specify Credit USE	Check if this claim is for a co	mmunity debt		you did not report as priority claims		
No	s the claim subject to offset?			□ Uebts to pension or profit-sharing plans, and other similar debts □ Other, Specify Credit Use		
☐ Yes				Only ologic doo		

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 31 of 63 se number (# known)

ο.

7	listing any entries on this page,	and the second	eville, medie believe ein me		
֓֞֞֞֞֜֞֞֞֜֞֜֞֓֓֓֓֓֓֓֞֟֜֟֝֞֓֓֓֓֓֞֟֝֓֓֓֞֝֞֜֝֓֡֓֡֝֡֓֜֝֡֡֜֝֡֡֡֝֡	Discover Financial Service, I	LLC		Last 4 digits of account number 9 0 5 1	_{\$} 2,899.0
F	O Box 15316			When was the debt incurred? 10/09/2012	
٧	lumber Street Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.	
C	ity	State	ZIP Code	Contingent	
v	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			T (NONTROLEMAN)	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Ē	At least one of the debtors and anoth	er		Student loans	
	Check if this claim is for a comm			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	ut
		rainty despt		Debts to pension or profit-sharing plans, and other similar debts	;
	the claim subject to offset?			Other. Specify credit use	
	1 No 1 Yes				
renganosa,	len kalanak tilatik da kanifak tilatik kalan katay kanifak da tinta tahun bata katilik kalan kalan batan katil Tahun kalan kalan kalan kanifak tilatik kalan kalan katilik tinta tahun bata katilik kalan kalan batan kalan k	engularisti (pelient i pelient) est belantist si terri	era kori korizonerian eta arizoneria korizoneria eta derizoneria korizoneria arizoneria korizoneria.		
E	quifax			Last 4 digits of account number 1 1 1 5	s 0.0
	onpriority Creditor's Name	***************************************	***************************************	02/05/2040	7
	O Box 740241			When was the debt incurred? 03/05/2018	
	ımber Street	~ .		As of the date you file, the claim is: Check all that apply.	
Cit	tlanta	GA	30374		
CII.	.y	State	ZIP Code	Contingent	
W	ho incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Tuno of MONDBIODITY	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	er		Student loans	
П	Chook if this status to form			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a commi	unity debt		Debts to pension or profit-sharing plans, and other similar debts	
	the claim subject to offset?			Other. Specify notice only	
	No			* ************************************	
u	Yes				
- .		and the second of the second o	and an Assach Control of Control		* 0.00
	(perian priority Creditor's Name			Last 4 digits of account number 1 1 1 5	
Р	O Box 2002			When was the debt incurred? $03/05/2018$	
	nber Street len	TX	75013	As of the date you file, the claim is: Check all that apply.	
City	,	State	ZiP Code	Contingent	
				☐ Unliquidated	
	no incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority claims	
	he claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify notice only	
2	No			The second secon	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 32 of 63se number (if known)

16	er listing any entries on this page, numbe	r them beginning with	1 4.4, followed by 4.5, and so forth.	To	otal claim		
التنا	HFS TPL Section/ Healthcare and Nonpriority Creditor's Name	Family Services	Last 4 digits of account number 1 1 1 5	\$	4.00		
	100 South Grand Ave East		When was the debt incurred?				
	Number Street	00700	As of the date you file, the claim is: Check all that apply.				
	Springfield IL City State	62762 ZIP Code					
		zir code	Contingent Unliquidated				
	Who incurred the debt? Check one.		Disputed				
	Debtor 1 only Debtor 2 only		Time of MOMPHOPING				
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that				
	☐ Check if this claim is for a community d	ebt	you did not report as priority claims				
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical				
	☑ No		outer. Specify 13 recircul				
	Yes						
17	HFS TPL Section/ Healthcare and	Family Services	Last 4 digits of account number 1 1 1 5	**************************************	218,00		
	Nonpriority Creditor's Name		Miles was the debt to				
	100 South Grand Ave East		When was the debt incurred?				
	Springfield IL	62762	As of the date you file, the claim is: Check all that apply.				
	City State	ZIP Code	Contingent				
	Who incurred the debt? Check one.		Unliquidated				
	Debtor 1 only		Disputed				
	Debtor 2 only		Type of NONPRIORITY unsecured claim:				
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans		:		
			Obligations arising out of a separation agreement or divorce that		:		
	Check if this claim is for a community de	ebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				
	Is the claim subject to offset?		Other. Specify medical				
	☑ No ☑ Yes						
	The state of the s	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			:		
18]	IICIIA-Integrated Imaging Consultar	nts, LLC	Last 4 digits of account number 3 8 0 0	\$	39.00		
	Nonpriority Creditor's Name 44000 Garfield Rd		When was the debt incurred?				
_	Number Street						
_	Clinton TWP MI	48038	As of the date you file, the claim is: Check all that apply.				
(Dity State	ZIP Code	Contingent				
1	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed				
	Debtor 1 only		- Proputed		:		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:				
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans				
	Check if this claim is for a community de	h#	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	•	UL	Debts to pension or profit-sharing plans, and other similar debts		9		
Ţ	s the claim subject to offset? ☑ No ☑ Yes		Other. Specify medical				

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 33 of 63se number (# known)

ter listing any entries on this p □	renta e a de da e a did T			Total claim
Kurtz Ambulance Servic	e Inc		Last 4 digits of account number 0 8 4 6	s 1,134.0
Nonpriority Creditor's Name P O Box 457			When was the debt incurred? 09/23/2017	V
Number Street Wheeling	IL	60090	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
☐ Check if this claim is for a	community debi	•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?		•	Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical	
☑ No			G Other. Specify Medical	
Yes				
Moneylion of Utah, LLC	t portugiler for the development and have entitled of the first the constraints and	Awares and the supplicity of the sum of Devict press, and 20 neutral to the Steeling Steeling Steeling Steeling	Last 4 digits of account number 7 3 2 7	\$ 898.0
Nonpriority Creditor's Name			00/00/0047	<u> </u>
P O Box 1547			When was the debt incurred? U8/29/2017	
Sandy	UT	84091	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			inspeced	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		☐ Student loans	
Check if this claim is for a c	ommunity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	ommunity dept		Debts to pension or profit-sharing plans, and other similar debts	
☑ No			Other. Specify Credit use	
Yes				
Northern Illinois Universit	V		Last 4 digits of account number P E R 2	\$1,824.0
Nonpriority Creditor's Name 1424 W Lincoln Hwy	-		When was the debt incurred? 09/10/2012	
Number Street Dekalb	li	60445	As of the date you file, the claim is: Check all that apply.	
City	I <u>L</u> State	60115 ZIP Code	Contingent	
Who incurred the detail or a			Unliquidated	
Who incurred the debt? Check o Debtor 1 only	ne.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and a			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No Yes			Other. Specify	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 34 of 63se number (if known)

Debtor 1

PayPal Credit			Last 4 digits of account number 4 6 5 4	s 4,549.0
Nonpriority Creditor's Name P O Box 5138			When was the debt incurred?	¥
Number Street Timonium	MD	21094	As of the date you file, the claim is: Check all that apply.	
Dity	State	ZIP Code	Contingent	
Who incurred the debt? Check on	۵		Unliquidated	
Debtor 1 only	e.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and ar	other		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	mmunity debi		you did not report as priority claims	
s the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts	
☑ No			Other. Specify credit use	
Yes				
PayPal Inc	Ta et pierriter et d'arrière et à emplement dans dis mentaumopring par qu	resport a wear end project and a Topic county active of the school state of the school shadow and the school s	Last 4 digits of account number 2 6 9 8	\$ 1,499.00
onpriority Creditor's Name		***************************************	Milham was the data.	-
O Box 5138		***	When was the debt incurred?	
imonium	MD	21094	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	☐ Contingent	
The forest and the second state of the second			Unliquidated	
Vho incurred the debt? Check one).		☐ Disputed	
Debtor 1 only Debtor 2 only				
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and and	other		Student loans	
Check if this claim is for a con			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	nmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other. Specify Credit use	
No Yes				
	A POSTO ST POSTO POS	Parameter Secretaria de Secretario de Secretario de Armento Armento Armento Armento Armento Armento Armento Ar		**************************************
iverwood Apartments			Last 4 digits of account number 1 1 1 5	\$
onpriority Creditor's Name			When was the debt incurred? 11/18/2015	
649 173rd Ct			**************************************	
ansing	IL	60438	As of the date you file, the claim is: Check all that apply.	
у	State	ZIP Code	Contingent	
ho incurred the debt? Check one			☐ Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 1 only Debtor 2 only			Type of MONDDIODITY	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and ano	ther		Student loans Obligations arising out of a senaration agreement or divorce that	
Check if this claim is for a com	munity debt		you did not report as priority claims	
the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use	
No Yes			Color, Opening Orders add	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 35 of 63 number (if known)

A 64				mation rage	1 1 (183) (18										
	er usung any entries on this page,	number th	em beginning wil	th 4.4, followed by 4.5, and so forth.	Te	otal claim									
28	TD Bank USA/ Target Cred	it		Last 4 digits of account number 3 8 2 1	\$	354.0									
	Nonpriority Creditor's Name P O Box 1470			When was the debt incurred? 06/18/2012	Ψ	***************************************									
	Number Street Minneapolis	MN	55440	As of the date you file, the claim is: Check all that apply.											
	City	State	ZIP Code	Contingent Unliquidated											
	Who incurred the debt? Check one.			☐ Disputed											
	Debtor 1 only														
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:											
	At least one of the debtors and anoti	her		Student loans											
	☐ Check if this claim is for a comm			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 											
	Is the claim subject to offset?			Other. Specify Credit use											
	☑ No ☐ Yes														
80 · · · · · · · · · · · · · · · · · · ·	TD Bank USA/ Target Credit			Last 4 digits of account number 9 2 1 7	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	119.00									
	Nonpriority Creditor's Name P O Box 673	***************************************		When was the debt incurred?	Ψ	110.00									
	Number Street			A. A											
	Minneapolis City	MN	55440	As of the date you file, the claim is: Check all that apply.											
	City	State	ZIP Code	Contingent Unliquidated											
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed											
	Debtor 1 only			— 5555460											
	Debtor 2 only			Type of NONPRIORITY unsecured claim:											
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and anoth			☐ Student loans											
	☐ Check if this claim is for a community debt state the claim subject to offset?			Obligations arising out of a separation agreement or divorce that											
				you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts											
				Other. Specify Credit use											
	☑ No ☑ Yes														
	T-Mobile	el ko-kiskurtannangsyang dalam pyyu	tem 17 km/s to the state of the	Last 4 digits of account number 6 3 4 7	\$	87.00									
	Ionpriority Creditor's Name			The state of the s											
···········	12920 SE 38th St			When was the debt incurred?											
	Number Street Bellevue	WA	98006	As of the date you file, the claim is: Check all that apply.											
	City	State	ZIP Code	Contingent											
1	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed											
	Debtor 1 only			→ Disputeu											
	Debtor 2 only			Type of NONPRIORITY unsecured claim:											
C	Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 											
									-	s the claim subject to offset? No Yes			Other. Specify <u>Credit use</u> Other Specify <u>Credit use</u>		

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 36 of 63 enumber (# Known)

Debtor 1

OVMODI O O du			1 and 4 at a transport of a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a	24714 3 744 74 3 3 44 3 5 44 3
SYNCB/ Care Credit Nonpriority Creditor's Name	***************************************		Last 4 digits of account number 7 3 0 2	\$_3,24
P O Box 965036 Number Street			When was the debt incurred? 01/25/2017	
Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Ulsputed Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors are	l anathae		Student loans	
At least one of the debtors and another Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that	
			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify credit use	
✓ No☐ Yes				
risk-allistetti Comani karista krasta karisk-al-kiringi pravistana Lumba Lumba lumpi pipi kesira) ingi misurum T	towell help into help we great the first sea sea had sometimes and the property of the decoration of the season of	રિકારિકાર જન્મ જ અંગે અને અંગે અંગે કર્યો અને તે જે જન્મ મારા અને સાંગો અને અને કૃતિ હો કે જે ને કાર્યા અને કારા કરો છે.		ion findagin (VV etasettik e pre-lisaera vetasasak Baselee)
The Univ of Chgo Medic Nonpriority Creditor's Name	ine Comer Ch	ildren's Hospita	Last 4 digits of account number 1 1 1 5	\$ 218
5721 S Maryland Ave			When was the debt incurred? 12/01/2016	
Chicago	IL	60637	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Check	ano.		☐ Unliquidated	
Debtor 1 only	one.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Student toansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt s the claim subject to offset? ☑ No			you did not report as priority claims	
			Debts to pension or profit-sharing plans, and other similar debts	
			Other, Specify_medical	
Yes				
The Univ of Chap Modici	no Comor Chi		Last 4 digits of account number 1 1 5	\$ <u>4</u>
The Univ of Chgo Medicine Comer Children's Hospita onpriority Creditor's Name			TOTOTTOM WEARAND SERVICE TOTOTTOM	
5721 S Maryland Ave			When was the debt incurred? 12/07/2016	
√umber Street Chicago	IL	60637	As of the date you file, the claim is: Check all that apply.	
Dity	State	ZIP Code	Contingent	
Who incurred the debt? Check of			☐ Unliquidated	
Debtor 1 only	nse.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY upggggrad slaim.	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and a	another		Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		you did not report as priority claims	
s the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
			Other. Specify medical	
☑ No				

Debtor 1

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 37 of 63se number (# known)

Your NONPRIORITY Unsecured Claims — Continuation Page

er listing any entries on this page, nun	ber the	m beginning with 4	.4, followed by 4.5, and so forth.	Total claim
The Univ of Chgo Medicine Cor	ner Ch	ildren's Hospita	Last 4 digits of account number 5 9 6 6	s 9,755.00
Nonpriority Creditor's Name 5721 S Maryland Ave			When was the debt incurred?	V
Number Street Chicago	IL	60637	As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another			Student loans Obligations origins out of a consulting control to the student loans.	
	ty debt		you did not report as priority claims	
_			Other. Specify medical	
Yes				
The Univ of Chgo Medicine Com	ner Ch	ildren's Hospita	Last 4 digits of account number 0 6 9 8	\$ <u>1,501.00</u>
5721 S Maryland Ave			When was the debt incurred?	
	L	60637	As of the date you file, the claim is: Check all that apply.	
		ZIP Code	Contingent	
Who incurred the debt? Check one.			·	
Debtor 1 only				
At least one of the debtors and another				
☐ Check if this claim is for a community	y debt		you did not report as priority claims	
is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical	
☑ No □ Yes				
	tin kanada (herzent f. e. lina)	et allement of the fills and distributions are the second color of		\$_16,431.00
Nonpriority Creditor's Name				
			When was the debt incurred? 12/11/2017	
Chicago IL		60675	As of the date you file, the claim is: Check all that apply.	
City Sta	ate	ZIP Code	Contingent	
Who incurred the debt? Check one.				
			·	
Check if this claim is for a community	debt		you did not report as priority claims	
s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify medical	
			- Just, Openiy Trovious	
	The Univ of Chgo Medicine Cor Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago City s Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communit is the claim subject to offset? No Yes The Univ of Chgo Medicine Com Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago City s: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community is the claim subject to offset? No Yes University of Chicago Medicine Nonpriority Creditor's Name P O Box 75307 Number Street Chicago City Street Chicago City Street Chicago City Street Chicago II Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Chicago City Street Chicago	The Univ of Chgo Medicine Comer Ch Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago IL City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes The Univ of Chgo Medicine Comer Chi Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago IL City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes University of Chicago Medicine Nonpriority Creditor's Name P O Box 75307 Number Street Chicago IL City State Who incurred the debt? Check one. Debtor 1 only Street Chicago IL City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt	The Univ of Chgo Medicine Comer Children's Hospita Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago IL 60637 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name The Univ of Chgo Medicine Comer Children's Hospita Nonpriority Creditor's Name 5721 S Maryland Ave Number Street Chicago IL 60637 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No No Street Chicago IL 60675 The University of Chicago Medicine Nonpriority Creditor's Name P O Box 75307 Number Street Chicago IL 60675 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Street Chicago IL 60675 City State ZIP Code	State Street St

Debtor 1

Part 2:

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Kelly L Marshall Document Page 38 of 63se number (if known).

Your NONPRIORITY Unsecured Claims — Continuation Page

	er listing any entries on this page, nu	ımber the	m beginning with 4	i.4, followed by 4.5, and so forth.	Total claim
34	TransUnion			Last 4 digits of account number 1 1 1 5	s 0.0
	Nonpriority Creditor's Name P O Box 1000			When was the debt incurred? 03/05/2018	<u> </u>
	Number Street Chester	PA	19022	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and another			☐ Student loans	
	☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify notice only 	
		E Titlemont E Mattern A. Vo Podor Park Sont E	er då hat for er statement til ansammen skalende er forskrivere at statemen skalende er er gjennige er det er	Last 4 digits of account number	Section in the section of the sectio
	Nonpriority Creditor's Name			When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Deptor 1 and Deptor 2 only ☐ At least one of the debtors and another			Student loans	
	Check if this claim is for a commun	itv debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	,		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No □ Yes			G Other. Specify	
		0 1 1 1 1 1 1 1	n The anticolour design section of the first production of the section of the sec	Last 4 digits of account number	S
	Nonpriority Creditor's Name			When was the debt incurred?	
	Number Street		A CONTRACTOR OF THE PARTY OF TH	As of the date you file, the claim is: Check all that apply.	
•	City	State	ZIP Code	Contingent	
,	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only			- Doputeu	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
İ	Debtor 1 and Debtor 2 only			☐ Student loans	
I	At least one of the debtors and anotherCheck if this claim is for a commun	itu daha		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		ity debt		Debts to pension or profit-sharing plans, and other similar debts	
	s the claim subject to offset? No Yes			Other. Specify	

Part 3:

Case 18-06155 Kelly L Marshall First Name Middle Name

Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 39 of 63se number (if known)

Debtor 1

List Others to Be Notified About a Debt That You Already Listed

additional creditors here, i	r you do not nav	e additional pers	ve more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
ACI/ American Cora	idius Internati	onal	On which entry in Part 1 or Part 2 did you list the original creditor?
2420 Sweet Home F	Rd Ste 150		Line 23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Amherst	NIX	44000	Last 4 digits of account number 1 4 3 1
City	NY State	14228 ZIP Code	
Credit Management	LP	g a na haran na daning may ing pinang ang panggang ang ang pinang ang pinang ang pinang ang pinang ang pinang	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	la.a.		
4200 International P	KWY	***************************************	Line 9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
Carrollton City	TX State	75007 ZIP Code	Last 4 digits of account number 3 7 9 3
Credit Management	LP		On which entry in Part 1 or Part 2 did you list the original creditor?
P O Box 118288			Line 9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Carrollton	TX State	70511 ZIP Code	Last 4 digits of account number 3 7 9 3
Dept of Ed/ Navient	- Clair	Zir code	On which entry in Part 1 or Part 2 did you list the original creditor?
123 Justison St 3rd F	Floor		Line 2.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	1001		Part 2: Creditors with Nonpriority Unsecured
			Claims
Wilmington City	DE	19801	Last 4 digits of account number 0 0 2 2
— — « В было нь было передостивальный принерографија и период продести принерографија.	State	ZIP Code	
Harris & Harris Ltd			On which entry in Part 1 or Part 2 did you list the original creditor?
111 W Jackson Blvd	Ste 400		Line 33 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
Oh:		0000	Claims
Chicago _{City}	IL, State	60604 ZIP Code	Last 4 digits of account number 5 4 8 0
Harris & Harris Ltd	et e en e	**************************************	On which entry in Part 1 or Part 2 did you list the original creditor?
_{Name} 111 W Jackson Blvd	Ste 400		Line 33 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	O.G 700		Part 2: Creditors with Nonpriority Unsecured
		-	Claims Claims
Chicago Dity	IL State	60604 ZIP Code	Last 4 digits of account number 4 6 2 3
Northern Illinois Unive	eg heriese jugeste systemente (genetalen 2000 v. velaste perm	e de la literatura de la l	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 100 Global View Dr S	Ste 800		
Number Street			Line 21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
**************************************			Claims Part 2: Creditors with Nonpriority Unsecured
Varrendale	PA	15086	

Last 4 digits of account number P E R 2

Debtor 1

Case 18-06155 Kelly L Marshall

Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 40 of 63 number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

State

ZIP Code

State Collection Co.	ina ir-		
State Collection Serv	ice inc		On which entry in Part 1 or Part 2 did you list the original creditor?
2509 S Stoughton Ro	<u>t</u>		Line 26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
Madison _{City}	WI State	53716 ZIP Code	Last 4 digits of account number 7 8 0 3
University of Chgo M	edicine	the Control of the Co	On which entry in Part 1 or Part 2 did you list the original creditor?
33343 Collections Ce	nter Dr		Line 33 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Chicago City	IL State	60693 ZIP Code	Last 4 digits of account number 9 6 0 7
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			Claims Claims
Zity	State	ZIP Code	Last 4 digits of account number
vame			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			Claims — Tartal Grounds Will Monthlong Grisecured
ity	State	ZIP Code	Last 4 digits of account number
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
lumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
iity Noo'SSIID lateliin hiikkiin kuuto aahatii aha airjatah gelgaslan Saatier Lakoonan ner arrang saraansa sa a	State State	ZIP Code	Last 4 digits of account number
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
uniber Street			Part 2: Creditors with Nonpriority Unsecured Claims
	State State	ZIP Code	Last 4 digits of account number
ame	addishnings by your agreement and additional and a single state one of the same		On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street			

Last 4 digits of account number_

Debtor 1

Case 18-06155 Kelly L Marshall

Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main

Document Page 41 of 63 number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total cla	im
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	57,252.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ s	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	57,252.00
				Total cla	im 1882 888 888
Total claims	6f.	Student loans	6f.	Total cla	m 1,824.00
Total claims from Part 2		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority		\$	1,824.00
	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	6g.	\$	1,824.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 42 of 63

F	ill in this i	nformation	to identify you	r case:						
	Debtor	Kelly L M	larshall							
		First Name N/A	**************************************	Middle Name	Last Name					
	Debtor 2 Spouse If (Iling)			Middle Name	Last Name					
l	Inited States	Bankruptcy C	ourt for the: Nortl	nern District of	Illinois					
	ase number									
	lf known)			······································	A				<u></u>	Check if this is an
		*		W-1-1- W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			J			amended filing
O	fficial F	orm 10	06G							
				tory Co	ntracts an	nd Un	expired	Leases	S	12/15
add	Do you h Market No. C Yes. F	ave any exc heck this bo Fill in all of the rately each rent, vehick	ce is needed, cour name and ecutory contra x and file this for the information because or contract the contract of the contrac	opy the addit case number cts or unexpirem with the collelow even if the page with which with which are any with which are also are also are also any with which are also are		hedules. Y	fine entries, and a fine of the entries on Schedule A/B:	else to report of	n this form.	A/B).
2.1		r company	with whom you	u have the co	ntract or lease		State what the	contract or le	ase is for	
2.1	IN/A									
	Name									
	Number	Street								
96993-Q	City	in en dige fin de diferença guega grança gr	State	ZIP Code	and the state of the	er transport of the state of th	an againm an agus tha an a a tha tàinn gha tag ang an gu tha an an tha		Sept to Committee of the control of	and characteristic about my land with the fill include which can appropriate out of
2.2	N/A									
	Name									
	Number	Street								
	City									
2.3	de de caración de tito, e que virgo	en antenna antenna pere en esta en el caracter en	State	ZIP Code	en erigin tig sit kitada ken eran oraş araşattı erildi. A anança da ilkin di atı il ilçi di açışa	ennegativa en en en engaga dus	engan kandi distributi kana kana distributi kana kana distributi kana distributi kana kana distributi kana dis	at description of the first section of the state of the section of	na na katilotik kili bilan a tananak sabiti tatu ta	ether two site transmitter Charlester accounting entire to public the second constitution of
د.ي	N/A									
	Name									
	Number	Street								
	Cit.									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	etanadele des dinunçança.	State	ZIP Code	Paradakan sa sa ka kalabah da bagai na basasa sa katan ka 120 ta sa	the forest and the state of the	ante estable est el conserva de conserva d	ent contrata to tomor y to como a planta in decision and come	dan da	et e produktivit tot tot til til monor en 1888 prima til en general en en general en en en en en en en en en e
2.4	N/A							*		
	Name									
	Number	Street				-				
-anderson	City	at the Name of Assembly and the Greek and Assembly	State	ZIP Code	and the second	ent with the second control of the second part of	neren en e		oundates	<u> </u>
2.5	N/A								an and an annual and the State of Language State Spage, etc.	menement de dom de la travia de de la consensa de comande consensa, es seguin
)	Name									
	.									
	Number	Street			The state of the s					
	City		State	ZIP Code						

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 43 of 63

Fill in this information to identify your case:	
Debtor 1 Kelly L Marshall	
First Name Middle Name Last Name	
Debtor 2 N/A (Spouse, if filing) Fast Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number	
(If known)	☐ Check if this is a
	amended filing
Official Form 106H	
Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be a are filing together, both are equally responsible for supplying correct information. If and number the entries in the boxes on the left. Attach the Additional Page to this pacase number (if known). Answer every question.	more space is peeded copy the Additional Bage fill it aut
1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	s a codebtor)
☑ No	- u codobion.,
Yes	
2. Within the last 8 years, have you lived in a community property state or territory?	? (Community property states and territories include
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wast Mo. Go to line 3.	nington, and Wisconsin.)
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
□ No	
Yes. In which community state or territory did you live?	Fill in the name and current address of that person
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State ZIP Code	
and Godd	
 In Column 1, list all of your codebtors. Do not include your spouse as a codebtor shown in line 2 again as a codebtor only if that person is a guarantor or cosigner Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor 	r. Make sure you have listed the creditor on
	Check all schedules that apply:
3.1 N/A	C Schodulo D line
Name	Schedule D, line
Number Street	Schedule G, line
City State 7/P Code	
2.3	er same of the control of the contro
N/A Name	Schedule D, line
	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	
3.3 N/A	
Name	Schedule D, line
Number Street	☐ Schedule E/F, line
11001 0000	Schedule G, line
City State ZIP Code	

Fill in this infor	mation to identif	•					
	mation to identif	y your case:					
	lly L Marshall	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·			
DODIO! L	/A						
		Middle Name	Last Name				
	cruptcy Court for the	: Northern District of Illinois	3				
Case number (If known)			***		Check in		
			· · · · · · · · · · · · · · · · · · ·			mended filing	and the state of t
0.55					inco	ppiement snowing p me as of the followir	oostpetition chapter 13 ng date:
Official Form		_			MM /	DD / YYYY	
Schedu	le I: Yo	ur Income					12/15
If you are separat separate sheet to	ed and your spo	ossible. If two married p you are married and not f use is not filing with you e top of any additional pa nent	iling jointly, and j	your spouse is	s living with	you, include informa	ation about your spouse
1. Fill in your em information.	ployment		Debtor 1			A second control of the control of t	n-filing spouse
If you have more attach a separa information aboremployers.	ite page with	Employment status	☐ Employed ☐ Not emplo		ndarah mengan sebesah dan bahan dan dan penggun	☐ Employed ☐ Not employe	nder-Manifester der Bereitster und der Ausgester der Stelle der Gefaussten uns gereitste der Gefaussten und der
Include part-tim self-employed v	ie, seasonal, or vork.	_	,	,		— Not employe	5 u
Occupation may or homemaker,	y include student if it applies.	Occupation					
		Employer's name					
		Employer's address	Number Street	t		Number Street	
			City	State ZIP	Code	City	State ZIP Code
		How long employed the	re?				
Part 2: Give	Details About	Monthly Income	. , , , , ,	_			
opodoo diness y	ou are separateu.						
If you or your no below. If you nee	n-filing spouse ha ed more space, at	ive more than one employe tach a separate sheet to th	er, combine the info is form.	ormation for all	employers f	or that person on the l	ines
List monthly a	roce wage entr	ary, and commissions (be	Form all and the	For	Debtor 1	For Debtor 2 or non-filing spouse	s sales
deductions). If r	not paid monthly,	calculate what the monthly	wage would be.	2. \$	0.00	\$	
3. Estimate and li	ist monthly over	time pay.		3. +\$	0.00	+ \$	
. Calculate gros	s income. Add lin	e 2 + line 3.		4. \$	0.00	\$	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 45 of 63

Debtor 1 Kelly L Marshall First Name Middle Name Last Name		Case number (if know	n)	
		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	> 4.	\$0.00	\$	
5. List all payroli deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	œ	
5b. Mandatory contributions for retirement plans	5a. 5b.	\$0.00	\$ \$	
5c. Voluntary contributions for retirement plans	5c.	s 0.00	\$	
5d. Required repayments of retirement fund loans	5d.	s 0.00	\$	
5e. Insurance	5e,	s 0.00	\$	
5f. Domestic support obligations	5f.	s 0.00	\$	
5g. Union dues	5g.	\$ 0.00	\$	
5h. Other deductions. Specify:	5g. 5h.	+\$ 0.00	+ s	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g			. 3	
v. Add the payron deductions. Add thes sa + sp + sc + sq + se +st + sg	+ 5h. 6.	\$0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm	1			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$	
8b. Interest and dividends	8b.	s 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a depregularly receive		Ψ	Ψ	
Include alimony, spousal support, child support, maintenance, divorc settlement, and property settlement.	e 8c.	\$0.00	\$	
8d. Unemployment compensation	8d.	\$0.00	\$	
8e. Social Security	8e.	\$ <u>1,500.00</u>	\$	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash ass that you receive, such as food stamps (benefits under the Supplemer Nutrition Assistance Program) or housing subsidies.				
Specify: Snap	8f.	\$ <u>640.00</u>	\$	
8g. Pension or retirement income	8g.	\$ 0.00	\$	
8h. Other monthly income. Specify:	8h	+\$ 0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h,	9. [\$_2,140.00	\$	
O. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 2,140.00	\$ 0.00	\$2,140.00
 State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your househ friends or relatives. 		pendents, your roomn	nates, and other	
Do not include any amounts already included in lines 2-10 or amounts that Specify:		ilable to pay expense	s listed in Schedule J.	s 0.00
2. Add the amount in the last column of line 10 to the amount in line 11.		a the combined	•	Ţ <u></u>
Write that amount on the Summary of Your Assets and Liabilities and Cert				\$ 2,140.00
13. Do you expect an increase or decrease within the year after you file t	this form?			Combined monthly income
 No. ✓ Yes. Explain: I'm currently seeking employment 				

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 46 of 63

Fill in this information to identi	fy your case:			
Debtor 1 Kelly L Marshall First Name	Middle Name Last Name	Check if thi	e ie·	
Debtor 2 N/A		☐ An ame		
(Spouse, if filing) First Name	Middle Name Last Name		•	stpetition chapter 13
United States Bankruptcy Court for the	e: Northern District of Hilnois	expense	es as of the following	ng date:
Case number (If known)		MM / DD	/ YYYY	
Official Form 106J				
Schedule J: Yo	our Expenses			12/15
Be as complete and accurate as information. If more space is nee (if known). Answer every question	possible. If two married people are fil ded, attach another sheet to this form n.	ing together, both are equally rendered in the top of any additional parts.	sponsible for suppl ages, write your nan	ying correct ne and case number
Part 1: Describe Your Ho	ousehold			
1. Is this a joint case?				
No. Go to line 2.Yes. Does Debtor 2 live in a	senarate household?			
□ No	file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	☐ No			
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.		daughter	8	☐ No ☑ Yes
		son	1	☐ No ☑ Yes
		daughter	2 mths	No Yes
			Water Land	☐ No ☐ Yes
		***	99794.1 <u>—1——————————————————————————————————</u>	□ No □ Yes
B. Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes			
	ing Monthly Expenses		er en	
	r bankruptcy filing date unless you a	re using this form as a suppleme	ent in a Chanter 13 c	ase to report
expenses as of a date after the bar applicable date.	nkruptcy is filed. If this is a suppleme	ental Schedule J, check the box a	t the top of the forn	and fill in the
	n-cash government assistance if you			
	d it on Schedule I: Your Income (Office expenses for your residence. Include	•	Your expe	nses
any rent for the ground or lot.	The state of the s	mot mortgage payments and	4. \$	1,400.00
If not included in line 4:				
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or r			4b. \$	0.00
4c. Home maintenance, repair,			4c. \$	0.00
 4d. Homeowner's association or 	r condominium dues		1d \$	0.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Page 47 of 63 Document

Debtor 1

Kelly L Marshall
First Name Middle N

Middle Name Last Name Case number (if known)_

			Your ex	penses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	135.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	00000
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	750.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	85.00
10.	Personal care products and services	10,	\$	85.00
11.	Medical and dental expenses	11.	\$	40.00
12,	Transportation. Include gas, maintenance, bus or train fare.		¢	185.00
	Do not include car payments.	12.	Ψ	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	100.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	400.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other, Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 48 of 63

	First Name Middle Name Last Name Case number (a	i kijowi ()		
21. Oth	er. Specify: school loans	21.	+\$	50.00
2. Calc	ulate your monthly expenses.			. — — — — — — — — — — — — — — — — — — —
22a.	Add lines 4 through 21.	22a.	\$	3,450.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	3,450.00
3. Calcu	late your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,140.00
23b.	Copy your monthly expenses from line 22c above.	23b.	\$	3,450.00
23c.	Subtract your monthly expenses from your monthly income.			4.040.
	The result is your monthly net income.	23c.	\$	-1,310.00
i. Do yo	u expect an increase or decrease in your expenses within the year after you file this form?			
For ex	cample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?			
☑ No	•			
☐ Ye	s. Explain here:			

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 49 of 63

ill in this information to identify your case:			
Debtor 1 Kelly L Marshall First Name Middle Name	Last Name		
ebtor 2 N/A spouse, if filing) First Name Middle Name		***************************************	
nited States Bankruptcy Court for the: Northern District of III	Last Name		
ase number			
lf known)			Check if this is amended filing
Official Form 106Dec			
Declaration About an I	ndividual	Debtor's Schedules	12/15
If two married people are filing together, both are ed	qually responsible for	supplying correct information.	
Did you pay or agree to pay someone who is NO	T an attorney to help	you fill out bankruptcy forms?	
☐ Yes. Name of person		. Attach Bankruptcy Petition Preparer's Notice, Declarat	tion, and
		Signature (Official Form 119).	
Under penalty of perjury, I declare that I have reathat they are true and correct.	ad the summary and s	schedules filed with this declaration and	
× Ruly Murhall Signature of Debtor 1	X N/A Signature of De	btor 2	
Date 03 /05 / 2018	olgnature of De	idiai Z	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 50 of 63

Debtor 1	Kelly L Marsha	ıll			
Dahtar 2	First Name N/A	Middle Name	Last Name		
Debtor 2 Spouse, if filing		Middle Name	Last Name		
nited States	Bankruptcy Court for t	the: Northern District of	Illinois		
ase number f known)					☐ Check if this is a
					amended filing
fficial I	Form 107				
tatem	ent of Fin	ancial Affair	rs for Indivi	duals Filing for B	Bankruptcy 04/
mber (if kn	own). Answer eve	eeded, attach a separa ry question. ut Your Marital Sta			ages, write your name and case
	our current marita				
_		n status r			
☐ Marrie ☑ Not m					
	ie last 3 years, hav	e you lived anywhere	other than where you	ı live now?	
☐ No					
☐ No ☐ Yes. I		ve you lived anywhere	ears. Do not include v		Dates Debtor 2
☐ No ☐ Yes. I	ist all of the places		ears. Do not include v Dates Debtor 1 lived there	vhere you live now.	lived there
No Yes. I	ist all of the places	you lived in the last 3 y	Dates Debtor 1 lived there	vhere you live now. Debtor 2:	lived there Same as Debtor
No Yes. I	List all of the places stor 1:	you lived in the last 3 y	ears, Do not include v Dates Debtor 1 lived there	vhere you live now. Debtor 2:	lived there Same as Debtor From
No Yes. I	List all of the places stor 1:	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011	where you live now. Debtor 2: Same as Debtor 1	lived there Same as Debtor
No Peb 17 Nur	List all of the places of tor 1: 219 Burham Avenber Street	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011	Pebtor 2: Same as Debtor 1 Number Street	lived there Same as Debtor From To
No Peb	List all of the places of the result of the places of the result of the places of the result of the	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011	Pebtor 2: Same as Debtor 1 Number Street	lived there Same as Debtor From
No Peb 17 Nur	List all of the places of the result of the places of the result of the places of the result of the	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011 To 09/24/2017	Pebtor 2: Same as Debtor 1 Number Street	lived there ☐ Same as Debtor From To te ZIP Code
No Peb 17 Nur La	List all of the places stor 1: 219 Burham Avenber Street	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011 To 09/24/2017	Number Street City State Same as Debtor 1 State City State State Same as Debtor 1	lived there ☐ Same as Debtor From To te ZIP Code
No Peb 17 Nur	List all of the places stor 1: 219 Burham Avenber Street	you lived in the last 3 y	Dates Debtor 1 lived there From 09/30/2011 To 09/24/2017	Number Street City State	Ilived there Same as Debtor From To te ZIP Code Same as Debtor
No Peb 17 Nur La	List all of the places stor 1: 219 Burham Avenber Street	you lived in the last 3 y	Prom 09/30/2011 To 09/24/2017	Number Street City State Same as Debtor 1 State City State State Same as Debtor 1	Ilived there Same as Debtor From To te ZIP Code Same as Debtor From
No Peb 17 Nur	List all of the places otor 1: 219 Burham Avenber Street	you lived in the last 3 y /e IL 60438 State ZIP Code	Prom 09/30/2011 To 09/24/2017	Number Street City Star Same as Debtor 1 Number Street Number Street	lived there Same as Debtor From To te ZIP Code Same as Debtor From To To
No Peb 17 Nur La	List all of the places otor 1: 219 Burham Avenber Street	you lived in the last 3 y	Prom 09/30/2011 To 09/24/2017	Number Street City State Same as Debtor 1 State City State State Same as Debtor 1	Ilived there Same as Debtor From To To Same as Debtor From To Tro Tro Tro Tro Tro Tro
No Peb 17 Num	List all of the places otor 1: 219 Burham Avenber Street Insing	you lived in the last 3 y //e IL 60438 State ZIP Code State ZIP Code	Pates Debtor 1 lived there From 09/30/2011 To 09/24/2017 From To	Number Street City State Number Street City State Ilived there Same as Debtor From To To Same as Debtor From To In Indian Same as Debtor From To To To To To To To To To T	
No Peb 17 Num	List all of the places otor 1: 219 Burham Avenber Street Insing	you lived in the last 3 y //e IL 60438 State ZIP Code State ZIP Code	Pates Debtor 1 lived there From 09/30/2011 To 09/24/2017 From To	City State City State City State City State Same as Debtor 1	Ilived there Same as Debtor From To To Same as Debtor From To In Indian Same as Debtor From To To To To To To To To To T

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 51 of 63

Debto		st Name	. Case ni	umber (# known)	
4.	Did you have any income from employmerill in the total amount of income you receive	ent or from operating a b	usiness during this yea	r or the two previous cale	ndar years?
i	f you are filing a joint case and you have in	ed from all jobs and all but come that you receive tog	sinesses, including part-ti ether, list it only once und	me activities. er Debtor 1.	
Į	☑ No ☑ Yes. Fill in the details.		·		
		Debtor 1		Debtor 2	
		Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions bonuses, tips☐ Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year:	Wages, commissions bonuses, tips		☐ Wages, commissions, bonuses, tips	•
	(January 1 to December 31,2017 YYYY	Operating a business	T	Operating a business	\$
	For the calendar year before that:	Wages, commissions, bonuses, tips	\$ 25,154.00	Wages, commissions, bonuses, tips	
	(January 1 to December 31, 2016	Operating a business	\$ 20,104.00	Operating a business	\$
u g: L:	nclude income regardless of whether that in nemployment, and other public benefit payr ambling and lottery winnings. If you are filin ist each source and the gross income from No Yes, Fill in the details.	ments; pensions; rental inc g a joint case and you hav	come; interest; dividends; re income that you receive	money collected from laws: ed together, list it only once	uits: rovalties: and
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until	SSI	\$3,725.00		\$
	the date you filed for bankruptcy:	snap	\$ 1,920.00 \$		\$\$
	For last calendar year:	SSI	\$8,700.00		•
	(January 1 to December 31,2017	snap	\$		\$s
	For the calendary was before the		· 		·
	For the calendar year before that: (January 1 to December 31,2016)	**************************************	\$		\$ \$
	YYYY		Ψ		Ψ

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 52 of 63

Debtor 1	Kelly L Marshall First Name Middle Name Last Name	And the second s	Case number (if known)	
Part 3:	List Certain Payments You Made Before	You Filed for Bankrupt	tcy	
6. Are ei	ither Debtor 1's or Debtor 2's debts primarily con	sumer debts?		
☐ No	 Neither Debtor 1 nor Debtor 2 has primarily co "incurred by an individual primarily for a personal, 	, family, or household purpo	se."	101(8) as
	During the 90 days before you filed for bankrupto	y, did you pay any creditor a	a total of \$6,425* or more?	
	☐ No. Go to line 7.			
	Yes. List below each creditor to whom you pa total amount you paid that creditor. Do not ill support and alimony. Also, do not in	ot include payments for don	nestic support obligations, such a	e s
	* Subject to adjustment on 4/01/19 and every 3 years			nt.
🛂 Ye	es. Debtor 1 or Debtor 2 or both have primarily co	nsumer debts.		
	During the 90 days before you filed for bankruptcy		total of \$600 or more?	
	☑ No. Go to line 7.	, , , ,		
	Yes. List below each creditor to whom you pai creditor. Do not include payments for dor alimony. Also, do not include payments to	mestic support obligations is	such as child support and	
	aminory. Adda, do not include payments to	o an attorney for this banking	uptcy case.	
		Dates of Total amount p	paid Amount you still owe	Was this payment for
		Dates of Total amount p	nn i Nagha Nagharan na malay in sa sa sa	— ☐ Mortgage
	Creditor's Name	Dates of Total amount p	paid Amount you still owe	— ☐ Mortgage
		Dates of Total amount p	paid Amount you still owe	— ☐ Mortgage ☐ Car ☐ Credit card
	Creditor's Name	Dates of Total amount p	paid Amount you still owe	─ Mortgage─ Car─ Credit card☐ Loan repayment
	Creditor's Name Number Street	Dates of Total amount p	paid Amount you still owe	─ Mortgage─ Car─ Credit card─ Loan repayment─ Suppliers or vendors
	Creditor's Name	Dates of Total amount p	paid Amount you still owe	─ Mortgage─ Car─ Credit card☐ Loan repayment
	Creditor's Name Number Street City State ZIP Code	Dates of Total amount p	paid Amount you still owe	─ Mortgage─ Car─ Credit card─ Loan repayment─ Suppliers or vendors
	Creditor's Name Number Street	Dates of Total amount payment	paid Amount you still owe	
	Creditor's Name Number Street City State ZIP Code	Dates of Total amount payment	paid Amount you still owe	—
	Creditor's Name Number Street City State ZIP Code Creditor's Name	Dates of Total amount payment	paid Amount you still owe	
	Creditor's Name Number Street City State ZIP Code Creditor's Name	Dates of Total amount payment	paid Amount you still owe	— Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card
	Creditor's Name Number Street City State ZIP Code Creditor's Name	Dates of Total amount payment	paid Amount you still owe	
	Creditor's Name City State ZIP Code Creditor's Name	Dates of Total amount payment	paid Amount you still owe	
	Creditor's Name City State ZIP Code Creditor's Name	Dates of payment \$\$	\$\$	Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Credit card Loan repayment Mortgage Car Mortgage
	Creditor's Name Number Street City State ZIP Code Creditor's Name Number Street	Dates of payment \$\$	\$\$	

City

State

ZIP Code

☐ Suppliers or vendors

Other ___

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 53 of 63

ebtor 1	Kelly L Ma					Case number (if known	
	First Name	Middle Name	Last Name		**************************************	OGOG HAITIOGT (S. KIJOWI.	J.,
coi ag	siders include you rporations of whic	r relatives; an h you are an e for a busines	y general partners; officer, director, per is you operate as a	relatives of an son in control,	y general partners; or owner of 20% o	partnerships of which more of their voting	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
	No	r and amnori	·•				
_	Yes. List all payr	nents to an in	sider				
	,,			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			·	\$	\$	
	Number Street				-		
					-		
	City		State ZIP Code	•		•	· · · · · · · · · · · · · · · · · · · ·
	Insider's Name				. \$	\$	
	Number Street				•		
	City		State ZIP Code				
in i	insider?				payments or trans	sfer any property o	n account of a debt that benefited
Ø	No		teed or cosigned by	an insider.			
_	Yes. List all paym	ents that ben	efited an insider.			gradient en de	en e
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name			-	\$	\$	
	Number Street						
	City		State ZIP Code				
	*		EN OUG		¢	·	
	Insider's Name				\$	\$	
	Number Street			PRINTER STATE OF THE STATE OF T		:	
		***************************************	THE STATE OF THE S	Abbertush			
	City	S	tate ZIP Code				

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 54 of 63

or 1 Kelly L. Marshall First Name Middle Name	Last Name	Case numbe	(if known)	
III 4: Identify Legal Actions. Re	possessions, and Foreclosures			
Within 1 year before you filed for bank List all such matters, including personal and contract disputes.	ruptcy, were you a party in any law	suit. court action. o	administrative proce paternity actions, supp	eding? port or custody modif
ゴ No				
Yes. Fill in the details.		ne de la large de la Personal de la large de la large de		
	Nature of the case	Court or agency		Status of the c
Case title		Court Name		Pending
		Court Name		On appeal
		Number Street		Concluded
Case number	:	City	State ZIP Code	
		i	State ZIP Code	
Case title		Court Name		— Pending
		Journaine		On appeal
	MANATORIUS W	Number Street		Concluded
Case number	- Control of the Cont	City	State ZIP Code	
No. Go to line 11. Yes. Fill in the information below.				
	Describe the property		Date	Value of the prope
Creditor's Name			***************************************	. \$
Number Street	Explain what happened			
	Property was repo			
	Property was fore			
City State Z	Property was garr		a.	
	Describe the property	ched, seized, or levie	Date	Value of the prop
				\$
Creditor's Name	The second secon			
Number Street	Explain what happened			
	Property was repo	hassassi		

Property was foreclosed.Property was garnished.

☐ Property was attached, seized, or levied.

State ZIP Code

Document Page 55 of 63 Kelly L Marshall Debtor 1 Case number (if known) First Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **☑** No Yes. Fill in the details. Describe the action the creditor took Date action was taken Creditor's Name Number Street City State ZIP Code Last 4 digits of account number: XXXX-_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? **☑** No Yes **List Certain Gifts and Contributions** Part 5: 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? M No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you _

Case 18-06155

Doc 1

Filed 03/05/18

Entered 03/05/18 09:17:45

Desc Main

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 56 of 63 Kelly L Marshall Debtor 1 Case number (if known) First Name Last Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed Charity's Name Number Street City State ZIP Code Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? W No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. **List Certain Payments or Transfers** Part 7: 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. M No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid made Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 57 of 63

ebtor 1	Kelly L Marshall First Name Middle Name La		Case number (if known)		
	THE MAINE MIQUIE NAME LA	ast Name			
	met 1914 delate behannen met met det delate behannen den generalische der dem behannen ein einem son de delate vom som der de som der de	Description and value of any property	transferred	Date payment or	Amount of
				transfer was made	payment
	Person Who Was Paid	nr*•			
	M. missa. Charles	···			\$
	Number Street	•			•
		·-			\$
	City Stale ZIP Code	w.			
	State Zir Gode				
	Email or website address				
	Person Who Made the Payment, if Not You				
Do i	not include any payment or transfer that	itors or to make payments to your cred you listed on line 16.			
	res. I m ni tre details.	the system of the state of a substitution of the state of		yeneng paragasa	g and April and the
		Description and value of any property tr	ansferred	Date payment or transfer was	Amount of paymer
	Person Who Was Paid			made	erana and the residence of
	Number Street	•			\$
	rauniber Geece				Ψ
		•			\$
	City State ZIP Code	·			
Inclu Do n	sterred in the ordinary course of your ude both outright transfers and transfers re not include gifts and transfers that you ha	made as security (such as the granting of ve already listed on this statement.	a security interest or mo	ortgage on your prop	erty).
		Description and value of property	Describe any property o	r payments received	Date transfer
		transferred	or debts paid in exchang		was made
	Person Who Received Transfer				
	Number Street				***
	City State ZIP Code				
		· · · · · · · · · · · · · · · · · · ·			
	Person's relationship to you	mercon management of the control of	· · · · · · · · · · · · · · · · · · ·		
i	Person Who Received Transfer	:			
					:
Ĭ	Number Street				
ō	City State ZiP Code				:
	Person's relationship to you	and the second s			

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 58 of 63 Kelly L Marshall Debtor 1 Case number (if known) Last Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) 2 No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution XXXX--___ ☐ Checking ☐ Savings Number Street Money market ☐ Brokerage City ZIP Code Other_ Checking XXXX-Name of Financial Institution ☐ Savings Number Street Money market Brokerage Other_ State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **W** No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No No Name of Financial Institution ☐ Yes Name Number Street Number Street City State ZIP Code

City

State

ZIP Code

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Document Page 59 of 63 Kelly L Marshall Debtor 1 Case number (# know First Name 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? □ No Name of Storage Facility Yes Number Street Number Street City State ZIP Code City ZIP Code Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **M** No ☐ Yes. Fill in the details. Where is the property? Describe the property Owner's Name Number Street Number Street City ZIP Code City ZIP Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Ø No Yes. Fill in the details. Governmental unit Environmental law, if you know it Name of site Governmental unit Number Street City State ZIP Code

City

State

ZIP Code

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 60 of 63

	Marshall Middle Name	Last Name	Case number (# known)	
Maria con e a siste e a				
	any governmental unit	t of any release of hazardous material	?	
☑ No				
Yes. Fill in the	e details.		the second of th	
		Governmental unit	Environmental law, if you know it	Date of notice
				:
Name of site		Governmental unit		
Number Street		Number Street	and the second s	!
	Marie The Control of	City State ZIP Code		
City	State ZIP Code	<u> </u>		
ave you been a p	party in any judicial or a	ıdministrative proceeding under any e	environmental law? Include settlements and	orders.
1 No				
Yes. Fill in the	details.			
		Court or agency	Nature of the case	Status of the
Case title			The set William Country of the State of the	case
		Court Name	_	Pending
				On appeal
		Number Street		Concluded
Case number				
Case number		City State ZIP Code	-	
A sole prop A member of	orietor or self-employed of a limited liability con n a partnership	aptcy, did you own a business or have t in a trade, profession, or other activi npany (LLC) or limited liability partner executive of a corporation	e any of the following connections to any buity, either full-time or part-time rship (LLP)	siness?
	IT at least 5% of the vot	and the second s		
		ing or equity securities of a corporation	on	
An owner o	e above applies. Go to	Part 12.		
An owner o	e above applies. Go to			
An owner o	e above applies. Go to	Part 12.		to a contract of the contract
An owner o No. None of the Yes. Check all the Business Name	e above applies. Go to	Part 12. Il in the details below for each busine	ss. Employer Identification numbe Do not include Social Security	to a contract of the contract
An owner of the Yes. Check all (e above applies. Go to	Part 12. Il in the details below for each busine	ss. Employer Identification numbe	to a contract of the contract
An owner o No. None of the Yes. Check all the Business Name	e above applies. Go to	Part 12. If in the details below for each busines Describe the nature of the business	Ss. Employer Identification number Do not include Social Security EIN: Dates business existed	number or ITIN.
An owner on No. None of the Yes. Check all the Business Name	e above applies. Go to	Part 12. If in the details below for each busines Describe the nature of the business	SS. Employer Identification numbe Do not include Social Security EIN:	number or ITIN.
No. None of the Yes. Check all the Business Name	e above applies. Go to the that apply above and fi	Part 12. Il in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security EIN: Dates business existed FromTo	number or ITIN.
No. None of the Yes. Check all the Business Name	e above applies. Go to the that apply above and fi	Part 12. If in the details below for each busines Describe the nature of the business	Employer Identification number Do not include Social Security EIN: Dates business existed From To	number or ITIN.
An owner o No. None of the Yes. Check all (Business Name Number Street City Business Name	e above applies. Go to the that apply above and fi	Part 12. Il in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	Employer Identification number Do not include Social Security EIN: Dates business existed FromTo Employer Identification number	number or ITIN.
An owner o No. None of the Yes. Check all the Business Name Number Street	e above applies. Go to the that apply above and fi	Part 12. Il in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security	number or ITIN.
An owner o No. None of the Yes. Check all the Business Name Number Street City Business Name	e above applies. Go to the that apply above and fi	Part 12. Il in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security EIN:	number or ITIN.
An owner of the Yes. Check all (Business Name Number Street City Business Name	e above applies. Go to the that apply above and fi	Part 12. Il in the details below for each busines Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security EIN:	number or ITIN.

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 61 of 63

1 Kelly L Marshal		Case numb	er (if known)
riist Name Midde	e Name Last I	Name	
the second second			
		Describe the nature of the business	Employer Identification number
Business Name			Do not include Social Security number or ITIN
ousiness name			
		ing the state of t	EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
City	State ZIP Code		From To
and distributed symmetry of the distributed by Emphysium Sympolic distributed and majority in your manay projec			3
stitutions, creditors, or No Yes. Fill in the details	other parties.	tcy, did you give a financial statement to anyone a	asset your susmoss? Include an intancial
		Date issued	
Name		MM / DD / YYYY	
Number Street			
Walled Officer			
City S	State ZIP Code		
2 Sign Below			
connection with a bank	kruptcy case can i	of Financial Affairs and any attachments, and I de that making a false statement, concealing propel result in fines up to \$250,000, or imprisonment for	rhe ar abtaining managers as supposed, by face
« Jelly M	lunhall	★ N/A	1
Signature of Debtor 1	lunhall	N/A Signature of Debtor 2	
Signature of Debtor 1	lunhall	Signature of Debtor 2	
Signature of Debtor 1 Date 3-5-18	lunhall	Signature of Debtor 2	······································
Signature of Debtor 1 Date 3-5-18	pages to Your Sta	Signature of Debtor 2	for Bankruptcy (Official Form 107)?
Signature of Debtor 1 Date 3-5-18	pages to Your Sta	Signature of Debtor 2	for Bankruptcy (Official Form 107)?
Signature of Debtor 1 Date 3-5-K d you attach additional	pages to Your Sta	Signature of Debtor 2	for Bankruptcy (Official Form 107)?
Signature of Debtor 1 Date 3-5-K	pages to Your Sta	Signature of Debtor 2	for Bankruptcy (Official Form 107)?
Signature of Debtor 1 Date 3-5-14 d you attach additional No Yes		Signature of Debtor 2 Date ntement of Financial Affairs for Individuals Filing 1	
Signature of Debtor 1 Date 3-5-18 d you attach additional No Yes d you pay or agree to pa		Signature of Debtor 2	
Signature of Debtor 1 Date 3-5-K d you attach additional No Yes d you pay or agree to pay	ay someone who i	Signature of Debtor 2 Date ntement of Financial Affairs for Individuals Filing to the second	orms?
Signature of Debtor 1 Date 3-5-K d you attach additional No Yes d you pay or agree to pay	ay someone who i	Signature of Debtor 2 Date ntement of Financial Affairs for Individuals Filing to the second	orms?

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 62 of 63

formation to ide	entify your case:		
	Middle Name	Last Name	
<u>N/A</u>			ļ
First Name	Middle Name	Last Name	
Bankruptcy Court fo	or the: Northern District of It	linois	
~	***************************************		
	Kelly L Marsi First Name N/A First Name	N/A First Name Middle Name	Kelly L Marshall First Name

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

mormatio	editors that you listed in Part 1 of <i>Schedule D: Credit</i> n below.		
	e creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	N/A	☐ Surrender the property.	□ No
Description	ent	Retain the property and redeem it.	☐ Yes
property securing de		Retain the property and enter into a Reaffirmation Agreement.	
		Retain the property and [explain]:	
Creditor's	N/A	☐ Surrender the property.	
		Retain the property and redeem it.	Yes
Description property securing de		Retain the property and enter into a Reaffirmation Agreement.	
		Retain the property and [explain]:	
Creditor's name:	N/A	☐ Surrender the property.	No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Retain the property and redeem it.	Yes
Description property securing de		Retain the property and enter into a Reaffirmation Agreement.	
		Retain the property and [explain]:	
Creditor's name:	N/A	☐ Surrender the property.	□ No
namo.		☐ Retain the property and redeem it.	Yes
Description property securing det		Retain the property and enter into a Reaffirmation Agreement.	
		Retain the property and [explain]:	

Case 18-06155 Doc 1 Filed 03/05/18 Entered 03/05/18 09:17:45 Desc Main Document Page 63 of 63

Dahter	4
Debtor	7

	L Marshall		Case number (If known)
First Name	Middle Name	Last Name	Oddo Adinasti (FRIORI)

ase

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Lessor's name: N/A	□ No	
Description of leased property:	Yes	
_essor's name: N/A	□ No	tin 1995 atti 1 de acedentili y persona proprieta proprieta y proprieta proprieta programa y programa y programa y p
Description of leased property:	☐ Yes	
essor's name: N/A	□ No	
Description of leased roperty:	☐ Yes	
essor's name: N/A	□ No	- North Administration of the state of the s
escription of leased roperty:	Yes	
essor's name: N/A	□ No	trick had to ethal a framma pro yempen, Ala systemyte forbidenda a residencia
escription of leased operty:	Yes	
essor's name: N/A	□ No	tagat da ti aliku dibagailaga ya ti inggiri da wa dishibili wa kata wa kata da a
escription of leased operty:	Yes ☐ Yes	
ssor's name: N/A	☐ No	na managan kanagan kan
escription of leased operty:	Yes	
3: Sign Below		
ler penalty of perjury, I declare th sonal property that is subject to a	t I have indicated my intention about any property of my estate that secures a debt and n unexpired lease.	lany
Fully Mayba mature of Debtor? The 03/05/2018	¥ _{N/A}	
nature of Debtor	Signature of Debtor 2	
ite 03/05/2018		